

TITLE 9. HEALTH SERVICES
CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES

(Authority: A.R.S. §§ 36-136(F) and 36-2209(A) et seq.)

Editor's Note: The Office of the Secretary of State publishes all Chapters on white paper.

Editor's Note: This Chapter contains rules which were adopted, amended, and repealed under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 36-2205(C). Exemption from A.R.S. Title 41, Chapter 6 means that the Department did not submit these rules to the Governor's Regulatory Review Council for review; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.

ARTICLE 1. DEFINITIONS

Article 1, consisting of Section R9-25-101, adopted effective October 15, 1996 (Supp. 96-4).

Section

R9-25-101. Definitions (Authorized by A.R.S. §§ 36-2201, 36-2202, 36-2204, 36-2205)

ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION

Article 2, consisting of Sections R9-25-201 through R9-25-213 and Exhibits A through B, adopted effective October 15, 1996 (Supp. 96-4).

Section

R9-25-201. Required Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7) and 36-2205(A) and (E))

R9-25-202. General Requirements for Provision of Administrative Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (E))

Exhibit A. Repealed

R9-25-203. General Requirements for Provision of On-line Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (E))

R9-25-204. Administrative Medical Director Qualifications and Responsibilities (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), and 36-2204.01)

R9-25-205. On-line Medical Director Qualifications and Responsibilities (A.R.S. §§ 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), and 36-2204.01)

R9-25-206. Centralized Medical Direction Communications Center (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204.01)

R9-25-207. ALS Base Hospital General Requirements (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5), (6), and (7))

R9-25-208. Application Requirements for ALS Base Hospital Certification (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5))

R9-25-209. Amendment of an ALS Base Hospital Certificate (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6))

R9-25-210. ALS Base Hospital Authority and Responsibilities (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6))

R9-25-211. ALS Base Hospital Enforcement Actions (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(7))

R9-25-212. Repealed

R9-25-213. Renumbered

ARTICLE 3. TRAINING PROGRAMS

Article 3 repealed; new Article 3 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Article 3, consisting of Sections R9-25-301 through R9-25-311 and Exhibits C through F and H, adopted effective October 15, 1996 (Supp. 96-4).

Section

R9-25-301. Definitions; Training Program General Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-302. Application Requirements for Training Program Certification (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-303. Amendment of a Training Program Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-304. Course Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-305. Arizona EMT-B Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

Exhibit F. Repealed

R9-25-306. Arizona EMT-B Refresher, Arizona EMT-B Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-307. Arizona EMT-I Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

Exhibit H. Repealed

R9-25-308. Arizona EMT-P Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-309. Arizona ALS Refresher; Arizona ALS Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-310. Training Program Medical Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-311. Training Program Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

Exhibit D. Repealed

Exhibit C. Repealed

Exhibit E. Repealed

R9-25-312. Lead Instructor; Preceptor (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-313. Training Program Policies and Procedures (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-314. Training Program Disclosure Statements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- R9-25-315. Training Program Student Records (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- R9-25-316. Training Program Notification and Recordkeeping (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- R9-25-317. Training Program Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- R9-25-318. Arizona EMT-I Transition Course Definition; Clarification of EMT-I References (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
- Exhibit A. EMT-I Course, EMT-P Course, ALS Refresher Equipment Minimum Standards
- Exhibit B. Arizona EMT-Intermediate Transition Course

ARTICLE 4. EMT CERTIFICATION

Article 4 repealed; new Article 4 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Article 4, consisting of Sections R9-25-401 through R9-25-411 and Exhibits I through K, adopted effective October 15, 1996 (Supp. 96-4).

Section

- R9-25-401. EMT General Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (6), and (7))
- R9-25-402. EMT Certification and Recertification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (6), and (7))
- R9-25-403. EMT Probationary Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (6), and (7))
- R9-25-404. Application Requirements for EMT Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2202(G), and 36-2204(1) and (6))
- R9-25-405. Application Requirements for Temporary Nonrenewable EMT-B or EMT-P Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2202(G), and 36-2204(1), (6), and (7))
- R9-25-406. Application Requirements for EMT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (4), and (6))
- R9-25-407. Extension to File an Application for EMT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (6), 36-2202(G), and 36-2204(1), (4), (5), and (7))
- R9-25-408. Requirements for Downgrading of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2202(G), and 36-2204(1) and (6))
- R9-25-409. Notification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3) and (A)(4), 36-2204(1) and (6), and 36-2211)
- R9-25-410. EMT Standards of Practice (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), 36-2204(1), (6) and (7), 36-2205, and 36-2211)
- R9-25-411. Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), 36-2204(1), (6) and (7), and 36-2211)
- Exhibit I. Repealed
- Exhibit J. Repealed
- Exhibit K. Repealed

- R9-25-412. Special EMT-I Certification and Recertification Conditions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (4), and (6))

ARTICLE 5. REPEALED

Article 5 repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Article 5, consisting of Sections R9-25-501 through R9-25-515 and Exhibit P, adopted effective October 15, 1996 (Supp. 96-4).

Section

- R9-25-501. Repealed
- R9-25-502. Repealed
- R9-25-503. Repealed
- R9-25-504. Repealed
- R9-25-505. Repealed
- R9-25-506. Repealed
- R9-25-507. Repealed
- R9-25-508. Repealed
- R9-25-509. Repealed
- R9-25-510. Repealed
- Exhibit P. Repealed
- R9-25-511. Repealed
- R9-25-512. Repealed
- R9-25-513. Repealed
- R9-25-514. Repealed
- R9-25-515. Repealed

ARTICLE 6. REPEALED

Article 6 repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Article 6, consisting of Sections R9-25-601 through R9-25-616 and Exhibits L through O and Q through S, adopted effective October 15, 1996 (Supp. 96-4).

Section

- R9-25-601. Repealed
- R9-25-602. Repealed
- R9-25-603. Repealed
- R9-25-604. Repealed
- R9-25-605. Repealed
- R9-25-606. Repealed
- R9-25-607. Repealed
- R9-25-608. Repealed
- R9-25-609. Repealed
- Exhibit R. Repealed
- R9-25-610. Repealed
- R9-25-611. Repealed
- R9-25-612. Repealed
- R9-25-613. Repealed
- R9-25-614. Repealed
- R9-25-615. Repealed
- R9-25-616. Repealed
- Exhibit S. Repealed
- Exhibit G. Repealed
- Exhibit L. Repealed
- Exhibit M. Repealed
- Exhibit N. Repealed
- Exhibit O. Repealed
- Exhibit Q. Repealed

ARTICLE 7. RESERVED

ARTICLE 8. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

Article 8, consisting of R9-25-801, R9-25-802, Exhibits I

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through 4, and R9-25-803 Exhibit 1, recodified from A.A.C. R9-13-1501, R9-13-1502, Exhibits 1 through 4, and R9-13-1503 Exhibit 1; originally filed under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 98-1).

Article 8, consisting of Section R9-25-805 and Exhibits 1 through 3, adopted effective May 19, 1997, under an exemption from the provisions of A.R.S. Title 41, Chapter 6; filed in the Office of the Secretary of State May 21, 1997 (Supp. 97-2).

Section

- R9-25-801. Protocol for Administration of a Vaccine, an Immunizing Agent, or a Tuberculin Skin Test by an EMT-I or an EMT-P
- R9-25-802. EMT's Scope of Practice
 - Exhibit 1. Repealed
 - Exhibit 2. Repealed
 - Exhibit 3. Repealed
 - Exhibit 4. Repealed
- R9-25-803. Protocol for Drug Box Procedures
 - Exhibit 1. EMT-P and Qualified EMT-I Drug List; EMT-I Drug List; EMT-B Drug List
 - Exhibit 2. Intravenous Infusions to be Monitored by Appropriate Level of EMT Personnel
- R9-25-804. Protocol for Selection of a Health Care Institution for Emergency Medical Patient Transport
- R9-25-805. Protocol for IV Access by an EMT-B
 - Exhibit 1. Lecture/Lab Vascular Access for EMT-Basics
 - Exhibit 2. Course Outline
 - Exhibit 3. Repealed
- R9-25-806. Testing of Medical Treatments, Procedures, Medications, and Techniques that May Be Administered or Performed by an EMT
- R9-25-807. Protocol for an EMT-P to Practice Knowledge and Skills in a Hazardous Materials Incident
- R9-25-808. Protocol for an EMT-B to Perform Endotracheal Intubation

ARTICLE 9. GROUND AMBULANCE CERTIFICATE OF NECESSITY

Article 9, consisting of Sections R9-25-901 through R9-25-912, adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

Section

- R9-25-901. Definitions (A.R.S. § 36-2202 (A))
- R9-25-902. Application for an Initial Certificate of Necessity; Provision of ALS Services; Transfer of a Certificate of Necessity (A.R.S. §§ 36-2204, 36-2232, 36-2233(B), 36-2236(A) and (B), 36-2240)
- R9-25-903. Determining Public Necessity (A.R.S. § 36-2233(B)(2))
- R9-25-904. Application for Renewal of a Certificate of Necessity (A.R.S. §§ 36-2233, 36-2235, 36-2240)
- R9-25-905. Application for Amendment of a Certificate of Necessity (A.R.S. §§ 36-2232(A)(4), 36-2240)
- R9-25-906. Determining Response Times, Response Codes, and Response-Time Tolerances for Certificates of Necessity and Provision of ALS Services (A.R.S. §§ 36-2232, 36-2233)
- R9-25-907. Observance of Service Area; Exceptions (A.R.S. § 36-2232)
- R9-25-908. Transport Requirements; Exceptions (A.R.S. §§ 36-2224, 36-2232)
- R9-25-909. Certificate of Insurance or Self-Insurance (A.R.S. §§ 36-2232, 36-2233, 36-2237)
- R9-25-910. Record and Reporting Requirements (A.R.S. §§ 36-2232, 36-2241, 36-2246)

- R9-25-911. Ground Ambulance Service Advertising (A.R.S. § 36-2232)
- R9-25-912. Disciplinary Action (A.R.S. §§ 36-2244, 36-2245)

ARTICLE 10. GROUND AMBULANCE VEHICLE REGISTRATION

Article 10, consisting of Sections R9-25-1001 through R9-25-1006, adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

Section

- R9-25-1001. Initial and Renewal Application for a Certificate of Registration (A.R.S. §§ 36-2212, 36-2232, 36-2240)
- R9-25-1002. Minimum Standards for Ground Ambulance Vehicles (A.R.S. § 36-2202(A)(5))
- R9-25-1003. Minimum Equipment and Supplies for Ground Ambulance Vehicles (A.R.S. § 36-2202(A)(5))
- R9-25-1004. Minimum Staffing Requirements for Ground Ambulance Vehicles (A.R.S. §§ 36-2201(4), 36-2202(A)(5))
- R9-25-1005. Ground Ambulance Vehicle Inspection; Major and Minor Defects (A.R.S. §§ 36-2202(A)(5), 36-2212, 36-2232, 36-2234)
- R9-25-1006. Ground Ambulance Service Vehicle Identification (A.R.S. §§ 36-2212, 36-2232)

ARTICLE 11. GROUND AMBULANCE SERVICE RATES AND CHARGES; CONTRACTS

Article 11, consisting of Sections R9-25-1101 through R9-25-1110, adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

Section

- R9-25-1101. Application for Establishment of Initial General Public Rates (A.R.S. §§ 36-2232, 36-2239)
- R9-25-1102. Application for Adjustment of General Public Rates (A.R.S. §§ 36-2234, 36-2239)
- R9-25-1103. Application for a Contract Rate or Range of Rates Less than General Public Rates (A.R.S. §§ 36-2234(G) and (I), 36-2239)
- R9-25-1104. Ground Ambulance Service Contracts (A.R.S. §§ 36-2232, 36-2234(K))
- R9-25-1105. Application for Provision of Subscription Service and Establish a Subscription Service Rate (A.R.S. § 36-2232(A)(1))
- R9-25-1106. Rate of Return Setting Considerations (A.R.S. §§ 36-2232, 36-2239)
- R9-25-1107. Rate Calculation Factors (A.R.S. § 36-2232)
- R9-25-1108. Implementation of Rates and Charges (A.R.S. §§ 36-2232, 36-2239)
- R9-25-1109. Charges (A.R.S. §§ 36-2232, 36-2239(D))
- R9-25-1110. Invoices (A.R.S. §§ 36-2234, 36-2239)

ARTICLE 12. TIME-FRAMES FOR DEPARTMENT APPROVALS

Article 12, consisting of Section R9-25-1201, Table 1, and Exhibits A and B, adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

Section

- R9-25-1201. Time-frames (A.R.S. §§ 41-1072 through 41-1079)
 - Table 1. Time-frames (in days)
 - Exhibit A. Ambulance Revenue and Cost Report, General Information and Certification
 - Exhibit B. Ambulance Revenue and Cost Report, Fire District and Small Rural Company

ARTICLE 1. DEFINITIONS

R9-25-101. Definitions (Authorized by A.R.S. §§ 36-2201, 36-2202, 36-2204, 36-2205)

In Articles 1 through 4 and Article 8 of this Chapter, unless the context otherwise requires:

1. “Administrative medical direction” has the meaning in A.R.S. § 36-2201.
2. “Administrative medical director” means an individual qualified under R9-25-204 who provides administrative medical direction as required under R9-25-204.
3. “Advanced procedure” means an emergency medical service provided by an EMT that:
 - a. Requires skill or training beyond the basic skills or training prescribed in the Arizona EMT-B course as defined in R9-25-305; or
 - b. Is designated in A.R.S. Title 36, Chapter 21.1 or this Chapter as requiring medical direction.
4. “ALS base hospital” means the same as “advanced life support base hospital” in A.R.S. § 36-2201.
5. “Ambulance service” has the meaning in A.R.S. § 36-2201.
6. “Centralized medical direction communications center” has the meaning in A.R.S. § 36-2201.
7. “Chief administrative officer” means an individual assigned to act on behalf of an ALS base hospital or a training program certified under Article 3 of this Chapter by the body organized to govern and manage the ALS base hospital or the training program.
8. “Clinical training” means to provide an individual with experience and instruction in providing direct patient care in a health care institution.
9. “Communication protocol” means a written guideline prescribing:
 - a. How an EMT shall:
 - i. Request and receive on-line medical direction;
 - ii. Notify an on-line physician before arrival of an EMT’s intent to transport a patient to a health care institution; and
 - iii. Notify a health care institution before arrival of an EMT’s intent to transport a patient to the health care institution; and
 - b. What procedures an EMT shall follow in a communications equipment failure.
10. “Conspicuously post” means to make visible to patients and other individuals by displaying on an object, such as a wall or bulletin board.
11. “Course content outline” means a sequential listing of subject matter, objectives, skills, and competencies to be taught or tested.
12. “Dangerous drug” has the meaning in A.R.S. § 13-3401.
13. “Day” means a calendar day.
14. “Department” means the Arizona Department of Health Services.
15. “Drug” has the meaning in A.R.S. § 32-1901.
16. “Document” or “documentation” means signed and dated information in written, photographic, electronic, or other permanent form.
17. “Electronic signature” has the meaning in A.R.S. § 41-351.
18. “EMT” means the same as “certified emergency medical technician” in A.R.S. § 36-2201.
19. “EMT-B” means the same as “basic emergency medical technician” in A.R.S. § 36-2201.
20. “EMT-I” means the same as “intermediate emergency medical technician” in A.R.S. § 36-2201.
21. “EMT-P” means the same as “emergency paramedic” in A.R.S. § 36-2201.
22. “Emergency medical services” has the meaning in A.R.S. § 36-2201.
23. “Emergency medical services provider” has the meaning in A.R.S. § 36-2201.
24. “Field training” means to provide an individual with emergency medical services experience and training outside of a health care institution or a training program facility.
25. “General hospital” has the meaning in R9-10-201.
26. “Health care institution” has the meaning in A.R.S. § 36-401.
27. “Medical direction” means administrative medical direction or on-line medical direction.
28. “Medical record” has the meaning in A.R.S. § 36-2201.
29. “Narcotic drug” has the same meaning as “narcotic drugs” in A.R.S. § 13-3401.
30. “NREMT” means the National Registry of Emergency Medical Technicians.
31. “On-line medical direction” means emergency medical services guidance or information provided to an EMT by an on-line physician through two-way voice communication.
32. “On-line physician” means an individual qualified under R9-25-205 who provides on-line medical direction as required under R9-25-205.
33. “Patient” means an individual who is sick, injured, or wounded and who requires medical monitoring, medical treatment, or transport.
34. “Person” has the meaning in A.R.S. § 1-215.
35. “Physician” has the meaning in A.R.S. § 36-2201.
36. “Prehospital incident history report” has the meaning in A.R.S. § 36-2220(E).
37. “Proficiency in advanced emergency cardiac life support” means:
 - a. Completion of 16 clock hours of organized training covering:
 - i. Electrocardiographic rhythm interpretation;
 - ii. Oral, tracheal, and nasal airway management;
 - iii. Nasotracheal intubation and surgical cricothyrotomy;
 - iv. Peripheral and central intravenous lines; and
 - v. Pharmacologic, mechanical, and electrical arrhythmia interventions; and
 - b. Every 24 months after meeting the requirement in subsection (37)(a), completion of additional training as determined by the training provider covering the subject matter listed in subsection (37)(a).
38. “Proficiency in advanced trauma life support” means:
 - a. Completion of 16 clock hours of organized training covering:
 - i. Rapid and accurate patient assessment,
 - ii. Patient resuscitation and stabilization,
 - iii. Patient transport or transfer, and
 - iv. Patient treatment and care; and
 - b. Every 48 months after meeting the requirement in subsection (38)(a), completion of additional training as determined by the training provider covering the subject matter listed in subsection (38)(a).
39. “Proficiency in cardiopulmonary resuscitation” means:
 - a. Completion of eight clock hours of organized training covering:
 - i. Adult and pediatric resuscitation,
 - ii. Rescuer scenarios and use of a bag-valve mask,

- iii. Adult and child foreign-body airway obstruction in conscious and unconscious patients;
 - iv. Automated external defibrillation;
 - v. Special resuscitation situations; and
 - vi. Common cardiopulmonary emergencies; and
 - b. Every 24 months after meeting the requirement in subsection (39)(a), completion of additional training as determined by the training provider covering the subject matter listed in subsection (39)(a).
40. "Proficiency in pediatric emergency care" means:
- a. Completion of 16 clock hours of organized training covering:
 - i. Pediatric rhythm interpretation;
 - ii. Oral, tracheal, and nasal airway management;
 - iii. Nasotracheal intubation and surgical cricothyrotomy;
 - iv. Peripheral and central intravenous lines;
 - v. Intraosseous infusion;
 - vi. Needle thoracostomy; and
 - vii. Pharmacologic, mechanical, and electrical arrhythmia interventions; and
 - b. Every 24 months after meeting the requirement in subsection (40)(a), completion of additional training as determined by the training provider covering the subject matter listed in subsection (40)(a).
41. "Standing order" means a treatment protocol or triage protocol that authorizes an EMT to act without on-line medical direction.
42. "Supervise" or "supervision" means the same as "supervision" in A.R.S. § 36-401.
43. "Treatment protocol" means a written guideline that prescribes:
- a. How an EMT shall perform a medical treatment on a patient or administer a drug to a patient; and
 - b. When on-line medical direction is required, if the protocol is not a standing order.
44. "Triage protocol" means a written guideline that prescribes:
- a. How an EMT shall:
 - i. Assess and prioritize the medical condition of a patient;
 - ii. Select a health care institution to which a patient may be transported; and
 - iii. Transport a patient to a health care institution; and
 - b. When on-line medical direction is required, if the protocol is not a standing order.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Amended by exempt rulemaking at 7 A.A.R. 4888, effective November 1, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION

R9-25-201. Required Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7) and 36-2205(A) and (E))

- A. An EMT-B authorized to perform an advanced procedure shall not perform an advanced procedure unless the EMT has administrative medical direction and is able to receive on-line medical direction.
- B. An EMT-I or EMT-P shall not act as an EMT-I or EMT-P unless the EMT has administrative medical direction and is able to receive on-line medical direction.

- C. An emergency medical services provider or an ambulance service shall ensure that an EMT acting as an EMT for the emergency medical services provider or the ambulance service has administrative medical direction and is able to receive on-line medical direction, if required in subsections (A) or (B).

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-201 renumbered to R9-25-207; new R9-25-201 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-202. General Requirements for Provision of Administrative Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (E))

An emergency medical services provider, an ambulance service, an ALS base hospital, or a centralized medical direction communications center that provides administrative medical direction shall:

1. Provide administrative medical direction:
 - a. Through an administrative medical director qualified under R9-25-204; and
 - b. As required in R9-25-204;
2. Maintain for Department review:
 - a. The name, address, and telephone number of each administrative medical director;
 - b. Documentation that an administrative medical director is qualified under R9-25-204; and
 - c. Policies, procedures, protocols, and documentation required under R9-25-204;
3. Notify the Department in writing no later than ten days after the date the emergency medical services provider, ambulance service, ALS base hospital, or centralized medical direction communications center providing administrative medical direction to an EMT:
 - a. Withdraws the EMT's administrative medical direction; or
 - b. Reinstates the EMT's administrative medical direction; and
4. Notify the Department in writing no later than ten days after the date the emergency medical services provider, ambulance service, ALS base hospital, or centralized medical direction communications center providing administrative medical direction to an EMT becomes aware that the EMT:
 - a. Is incarcerated or is on parole, supervised release, or probation for a criminal conviction;
 - b. Is convicted of a crime listed in R9-25-402(A)(2), a misdemeanor involving moral turpitude, or a felony in this state or any other state or jurisdiction;
 - c. Is convicted of a misdemeanor identified in R9-25-403(A) in this state or any other state or jurisdiction;
 - d. Has registration revoked or suspended by NREMT; or
 - e. Has EMT certification, recertification, or licensure revoked or suspended in another state or jurisdiction.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-202 renumbered to R9-25-208; new R9-25-202 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit A. Repealed**Historical Note**

Exhibit A adopted effective October 15, 1996 (Supp. 96-4). Exhibit A repealed by final rulemaking at 9 A.A.R.

5372, effective January 3, 2004 (Supp. 03-4).

R9-25-203. General Requirements for Provision of On-line Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (E))

- A. An emergency medical services provider, an ambulance service, an ALS base hospital, or a centralized medical direction communications center that provides on-line medical direction shall:
1. Provide on-line medical direction:
 - a. Through an on-line physician qualified under R9-25-205, and
 - b. As required in R9-25-205; and
 2. Maintain for Department review:
 - a. The name, address, and telephone number of each on-line physician; and
 - b. Documentation that an on-line physician is qualified under R9-25-205.
- B. An emergency medical services provider, an ambulance service, an ALS base hospital, or a centralized medical direction communications center that provides on-line medical direction shall:
1. Have operational and accessible communication equipment that will allow an on-line physician to give on-line medical direction.
 2. Have a written plan for alternative communications with an EMT in the event of disaster, communication equipment breakdown or repair, power outage, or malfunction; and
 3. Have an on-line physician qualified under R9-25-205 available to give on-line medical direction to an EMT 24 hours a day, seven days a week.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-204. Administrative Medical Director Qualifications and Responsibilities (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), and 36-2204.01)

- A. An individual shall not act as an administrative medical director unless the individual:
1. Is a physician; and
 2. Meets one of the following:
 - a. Has emergency medicine certification from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery;
 - b. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
 - c. Is practicing emergency medicine and has:
 - i. Proficiency in advanced emergency cardiac life support,
 - ii. Proficiency in advanced trauma life support, and
 - iii. Proficiency in pediatric emergency care.
- B. An administrative medical director shall act only on behalf of:
1. An emergency medical services provider;
 2. An ambulance service;
 3. An ALS base hospital certified under this Article;
 4. A centralized medical direction communications center; or
 5. The Department pursuant to A.R.S. § 36-2202(J).
- C. An administrative medical director:

1. Shall coordinate the provision of administrative medical direction to EMTs, and
 2. May delegate responsibilities to an individual as necessary to fulfill the requirements in this Section, if the individual is:
 - a. A physician;
 - b. Licensed under A.R.S. Title 32, Chapter 15 or Chapter 25; or
 - c. An EMT-I or EMT-P.
- D. An administrative medical director shall:
1. Ensure that an EMT receives administrative medical direction as required under A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;
 2. Approve, ensure implementation of, and annually review treatment protocols, triage protocols, and communications protocols for an EMT to follow that are consistent with:
 - a. A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25; and
 - b. The EMT's scope of practice as identified under Article 8 of this Chapter;
 3. Approve, ensure implementation of, and annually review policies and procedures that an EMT shall follow for medical recordkeeping, medical reporting, and completion and processing of prehospital incident history reports that are consistent with:
 - a. A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25; and
 - b. The EMT's scope of practice as identified under Article 8 of this Chapter;
 4. Approve, ensure implementation of, and annually review policies and procedures governing the administrative medical direction of an EMT, including policies and procedures for:
 - a. Monitoring and evaluating an EMT's compliance with treatment protocols, triage protocols, and communications protocols;
 - b. Monitoring and evaluating an EMT's compliance with medical recordkeeping, medical reporting, and prehospital incident history report requirements;
 - c. Monitoring and evaluating an EMT's performance as authorized by the EMT's scope of practice as identified under Article 8 of this Chapter;
 - d. Ensuring that an EMT receives ongoing education, training, or remediation necessary to promote ongoing professional competency and compliance with EMT standards of practice established in R9-25-410;
 - e. Withdrawing an EMT's administrative medical direction; and
 - f. Reinstating an EMT's administrative medical direction; and
 5. Approve, ensure implementation of, and annually review policies and procedures for a quality assurance process to evaluate the effectiveness of the administrative medical direction provided to EMTs.
- E. An administrative medical director shall:
1. Annually document that the administrative medical director has reviewed A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25; and
 2. Ensure that an individual to whom the administrative medical director delegates authority to fulfill the requirements in this Section annually documents that the individual has reviewed A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-204 renumbered to R9-25-209; new R9-25-204

made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-205. On-line Medical Director Qualifications and Responsibilities (A.R.S. §§ 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), and 36-2204.01)

- A. An individual shall not act as an on-line physician unless the individual:
 1. Is a physician; and
 2. Meets one of the following:
 - a. Has emergency medicine certification from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery;
 - b. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
 - c. Is practicing emergency medicine and has:
 - i. Proficiency in advanced emergency cardiac life support,
 - ii. Proficiency in advanced trauma life support, and
 - iii. Proficiency in pediatric emergency care.
- B. An individual shall act as an on-line physician only on behalf of:
 1. An emergency medical services provider,
 2. An ambulance service,
 3. An ALS base hospital certified under this Article, or
 4. A centralized medical direction communications center.
- C. An on-line physician shall give on-line medical direction to an EMT:
 1. As required under A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;
 2. Consistent with the EMT's scope of practice as identified under Article 8 of this Chapter;
 3. Consistent with treatment protocols, triage protocols, and communication protocols approved by the EMT's administrative medical director; and
 4. Consistent with medical recordkeeping, medical reporting, and prehospital incident history report requirements approved by the EMT's administrative medical director.
- D. An on-line physician may allow an individual acting under the supervision of the on-line physician to relay on-line medical direction, if the individual is:
 1. A physician;
 2. Licensed under A.R.S. Title 32, Chapter 15 or Chapter 25; or
 3. An EMT-I or EMT-P.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-206. Centralized Medical Direction Communications Center (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204.01)

- A. Pursuant to A.R.S. § 36-2204.01, an emergency medical services provider or an ambulance service may provide centralized medical direction by:
 1. Solely operating one or more centralized medical direction communications centers;
 2. Joining with one or more emergency medical services providers or ambulance services to operate one or more centralized medical direction communications centers; or

3. Entering into an agreement with one or more centralized medical direction communications centers to provide medical direction to EMTs acting as EMTs for the emergency medical services provider or the ambulance service.

- B. For the purposes of A.R.S. § 36-2201(7), a “freestanding communications center”:
 1. May be housed within one or more physical facilities, and
 2. Is not limited to a single physical location.
- C. For the purposes of A.R.S. § 36-2201(7)(b), a centralized medical direction communications center shall be “staffed” if an on-line physician qualified under R9-25-205 is available to give on-line medical direction to an EMT 24 hours a day, seven days a week.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Amended effective November 30, 1998; filed in the Office of the Secretary of State November 24, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 98-4). Amended by exempt rulemaking at 7 A.A.R. 4888, effective November 1, 2001 (Supp. 01-4). Former R9-25-206 renumbered to R9-25-210; new R9-25-206 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

The following Exhibit was repealed under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to A.R.S. § 36-2205(C). Exemption from A.R.S. Title 41, Chapter 6 means that the Department did not submit this change to the Secretary of State's Office for publication in the Arizona Administrative Register as proposed rules; the Department did not submit the change to the Governor's Regulatory Review Council for review; and the Department was not required to hold public hearings on the repealing of this Exhibit (Supp. 98-4).

Exhibit B. Repealed

Historical Note

Exhibit B adopted effective October 15, 1996 (Supp. 96-4). Repealed effective November 30, 1998; filed in the Office of the Secretary of State November 24, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 98-4).

R9-25-207. ALS Base Hospital General Requirements (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5), (6), and (7))

- A. A person shall not operate as an ALS base hospital without certification from the Department.
- B. The Department shall not certify an ALS base hospital if:
 1. Within five years before the date of filing an application required by this Article, the Department has decertified the ALS base hospital; or
 2. The applicant knowingly provides false information on or with an application required by this Article.
- C. The Department shall certify an ALS base hospital if the applicant:
 1. Is not ineligible for certification under subsection (B);
 2. Is licensed as a general hospital under 9 A.A.C. 10, Article 2 or is a general hospital operated in this state by the United States federal government or by a sovereign tribal nation;
 3. Has at least one written agreement that meets the requirements of A.R.S. § 36-2201(2); and
 4. Meets the application requirements in R9-25-208.

- D. An ALS base hospital certificate is valid only for the name and address listed by the Department on the certificate.
- E. An ALS base hospital certificate holder shall:
 1. Conspicuously post the original or a copy of the ALS base hospital certificate in the emergency room lobby or emergency room reception area of the ALS base hospital; and
 2. Return an ALS base hospital certificate to the Department immediately upon decertification by the Department pursuant to R9-25-211 or upon voluntarily ceasing to act as an ALS base hospital.
- F. Every 24 months after certification, the Department shall inspect, pursuant to A.R.S. § 41-1009, an ALS base hospital to determine ongoing compliance with the requirements of this Article.
- G. The Department may inspect, pursuant to A.R.S. § 41-1009, an ALS base hospital:
 1. As part of the substantive review time-frame required in A.R.S. §§ 41-1072 through 41-1079; or
 2. As necessary to determine compliance with the requirements of this Article.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-207 repealed; new R9-25-207 renumbered from R9-25-201 and amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-208. Application Requirements for ALS Base Hospital Certification (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5))

- A. An applicant for ALS base hospital certification shall submit to the Department an application including:
 1. An application form provided by the Department containing:
 - a. The applicant's name, address, and telephone number;
 - b. The name and telephone number of the applicant's chief administrative officer;
 - c. The name, address, and telephone number of each administrative medical director;
 - d. The name, address, and telephone number of each on-line physician;
 - e. Attestation that the applicant meets the communication requirements in R9-25-203(B);
 - f. Attestation that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;
 - g. Attestation that all information required as part of the application has been submitted and is true and accurate; and
 - h. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature;
 2. A copy of the applicant's current general hospital license issued under 9 A.A.C. 10, Article 2, if applicable; and
 3. A copy of each executed written agreement, including all attachments and exhibits, described in A.R.S. § 36-2201(2).
- B. The Department shall approve or deny an application under this Section pursuant to Article 12 of this Chapter.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-208 repealed; new R9-25-208 renumbered from R9-25-202 and amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-209. Amendment of an ALS Base Hospital Certificate (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6))

- A. No later than 10 days after the date of a change in the name listed on the ALS base hospital certificate, an ALS base hospital certificate holder shall submit to the Department an application form provided by the Department containing:
 1. The new name and the effective date of the name change;
 2. Attestation that all information submitted to the Department is true and correct; and
 3. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- B. No later than 10 days after the date of a change in the address listed on an ALS base hospital certificate or a change of ownership, as defined in R9-10-101, an ALS base hospital certificate holder shall submit to the Department an application required in R9-25-208(A).
- C. The Department shall approve or deny an application under this Section pursuant to Article 12 of this Chapter.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-209 repealed; new R9-25-209 renumbered from R9-25-204 and amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-210. ALS Base Hospital Authority and Responsibilities (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6))

- A. An ALS base hospital certificate holder shall:
 1. Provide both administrative medical direction and on-line medical direction;
 2. Comply with the requirements in R9-25-202, R9-25-203, R9-25-204, and R9-25-205;
 3. Ensure that personnel are available to provide:
 - a. Administrative medical direction as required in R9-25-204, and
 - b. On-line medical direction as required in R9-25-205; and
 4. Provide administrative medical direction and on-line medical direction to each EMT pursuant to a written agreement that meets the requirements of A.R.S. § 36-2201(2).
- B. An ALS base hospital certificate holder shall:
 1. No later than 24 hours after ceasing to meet the requirement in R9-25-207(C)(2) or R9-25-207(C)(3), notify the Department in writing; and
 2. No later than 48 hours after terminating, adding, or amending a written agreement required in R9-25-207(C)(3), notify the Department in writing and, if applicable, submit to the Department a copy of the new or amended written agreement that meets the requirements of R9-25-207(C)(3).
- C. An ALS base hospital may act as a training program without training program certification from the Department, if the ALS base hospital:
 1. Is eligible for training program certification pursuant to R9-25-301(C); and
 2. Complies with the requirements in R9-25-301(I) and R9-25-304 through R9-25-318.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-210 repealed; new R9-25-210 renumbered from R9-25-206 and amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-211. ALS Base Hospital Enforcement Actions (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(7))

- A.** The Department may take an action listed in subsection (B) against an ALS base hospital certificate holder who:
1. Does not meet the certification requirements in R9-25-207(C)(2) or R9-25-207(C)(3);
 2. Violates the requirements in A.R.S. Title 36, Chapter 21.1 or 9 A.A.C. 25; or
 3. Knowingly or negligently provides false documentation or information to the Department.
- B.** The Department may take the following action against an ALS base hospital certificate holder:
1. After notice is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, issue a letter of censure,
 2. After notice is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, issue an order of probation,
 3. After notice and an opportunity to be heard is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, suspend the ALS base hospital certificate, or
 4. After notice and an opportunity to be heard is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, decertify the ALS base hospital.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-211 repealed; new R9-25-211 renumbered from R9-25-213 and amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-212. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-213. Renumbered**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section renumbered to R9-25-211 by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

ARTICLE 3. TRAINING PROGRAMS

Article 3 repealed; new Article 3 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-301. Definitions; Training Program General Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A.** In this Article:
1. "Course" means the:
 - a. Arizona EMT-B course, defined in R9-25-305;
 - b. Arizona EMT-B refresher, defined in R9-25-306;
 - c. Arizona EMT-I course, defined in R9-25-307;
 - d. Arizona EMT-P course, defined in R9-25-308; or
 - e. Arizona ALS refresher, defined in R9-25-309; and
 2. "Refresher challenge examination" means the:
 - a. Arizona EMT-B refresher challenge examination, defined in R9-25-306; or
 - b. Arizona ALS refresher challenge examination, defined in R9-25-309.
- B.** A person shall not provide or offer to provide a course or refresher challenge examination without training program certification from the Department.
- C.** The Department shall not certify a training program, if:

1. Within five years before the date of filing an application required in R9-25-302, the Department has decertified a training program operated by the applicant; or
 2. The applicant knowingly provides false information on or with an application required by this Article.
- D.** The Department shall certify a training program, if the applicant:
1. Is not ineligible for certification pursuant to subsection (C); and
 2. Meets the application requirements in R9-25-302.
- E.** A training program certificate is valid only for the name, address, and courses listed by the Department on the certificate.
- F.** A training program certificate holder shall:
1. Maintain with an insurance company authorized to transact business in this state:
 - a. A minimum single claim professional liability insurance coverage of \$500,000; and
 - b. A minimum single claim general liability insurance coverage of \$500,000 for the operation of the training program; or
 2. Be self-insured for the amounts in subsection (F)(1).
- G.** A training program certificate holder shall:
1. Conspicuously post the original or a copy of the training program certificate in the training program administrative office;
 2. Return the training program certificate to the Department upon decertification by the Department pursuant to R9-25-317 or upon voluntarily ceasing to act as a training program; and
 3. Not transfer the training program certificate to another person.
- H.** Every 24 months after certification, the Department shall inspect, pursuant to A.R.S. § 41-1009, a training program to determine ongoing compliance with the requirements of this Article.
- I.** The Department may inspect, pursuant to A.R.S. § 41-1009, a training program:
1. As part of the substantive review time-frame required in A.R.S. §§ 41-1072 through 41-1079; or
 2. As necessary to determine compliance with the requirements of this Article.
- J.** The Department shall approve or deny an application under this Article pursuant to Article 12 of this Chapter.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-302. Application Requirements for Training Program Certification (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

An applicant for training program certification shall submit to the Department an application including:

1. An application form provided by the Department containing:
 - a. The applicant's name, address, and telephone number;
 - b. The name and telephone number of the applicant's chief administrative officer;
 - c. The name of each course the applicant will provide;
 - d. Attestation that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;

- e. Attestation that all information required as part of the application has been submitted and is true and accurate; and
 - f. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature;
2. A copy of a certificate of insurance or proof of self-insurance required in R9-25-301(F);
 3. For each training program medical director, documentation that the individual is qualified under R9-25-310;
 4. For each training program director, documentation that the individual is qualified under R9-25-311;
 5. For each lead instructor, documentation that the individual is qualified under R9-25-312;
 6. If required under R9-25-304(B), a copy of each executed agreement, including all attachments and exhibits, for clinical training and field training;
 7. For each course to be provided, copies of policies and procedures required in R9-25-313;
 8. For each course to be provided, copies of disclosure statements required in R9-25-314;
 9. For each course to be provided, a completed form provided by the Department verifying that the applicant will develop, administer, and grade a final written course examination, a final comprehensive practical skills examination, or a refresher challenge examination that meets the requirements established for the course; and
 10. For each course to be provided, a completed form provided by the Department verifying that the applicant has:
 - a. Equipment that meets equipment requirements established for the course; and
 - b. Facilities that meet facility requirements established for the course.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-303. Amendment of a Training Program Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A. No later than 10 days after a change in the name or address listed on a training program certificate, the training program certificate holder shall submit to the Department an application form provided by the Department containing:
 1. The new name or new address and the date of the name or address change;
 2. Attestation that the current insurance required in R9-25-301(F) is valid for the new name or new address;
 3. Attestation that all information submitted to the Department is true and correct; and
 4. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- B. Before providing a course not listed by the Department on a training program certificate, a training program certificate holder shall:
 1. Submit to the Department an application for the new course that includes the information in R9-25-302; and
 2. Gain approval of the new course from the Department.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-304. Course Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A. For each course provided, a training program certificate holder shall:
 1. Designate a training program medical director qualified under R9-25-310 and ensure that the training program medical director fulfills all responsibilities established in R9-25-310;
 2. Designate a training program director qualified under R9-25-311 and ensure that the training program director fulfills all responsibilities established in R9-25-311;
 3. Assign a lead instructor qualified under R9-25-312;
 4. Ensure that clinical training and field training are provided under the supervision of a preceptor qualified under R9-25-312;
 5. Meet all requirements that are established for the course as prescribed in this Article;
 6. For clinical training in the course, have a maximum ratio of four students to one preceptor or instructor;
 7. For field training in the course, have a maximum ratio of one student to one preceptor or instructor; and
 8. Not allow a student more than six months from the official course completion date to complete all course requirements.
- B. For a course's clinical training or field training that is not provided directly by a training program, the training program shall have a written agreement between the training program and each health care institution, emergency medical services provider, or ambulance service providing the training that:
 1. Requires that all training be provided under the supervision of a preceptor qualified under R9-25-312; and
 2. Contains a termination clause that provides sufficient time for students to complete the training upon termination of the agreement.
- C. A certified training program authorized to provide the Arizona EMT-B refresher may administer an Arizona EMT-B refresher challenge examination to an individual eligible for admission into the Arizona EMT-B refresher. The certified training program shall limit the individual to one attempt to pass the Arizona EMT-B refresher challenge examination.
- D. A certified training program authorized to provide the Arizona ALS refresher may administer an Arizona ALS refresher challenge examination to an individual eligible for admission into the Arizona ALS refresher. The certified training program shall limit the individual to one attempt to pass the Arizona ALS refresher challenge examination.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-305. Arizona EMT-B Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A. "Arizona EMT-B course" means the United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician-Basic: National Standard Curriculum (1994);
 1. Incorporated by reference and on file with the Department and the Office of the Secretary of State, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590; from the Department's Bureau of Emergency Medical Services; and on the internet at <http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm>
 2. Modified in subsection (B); and

3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- B.** The Arizona EMT-B course is modified as follows:
1. No more than 24 students shall be enrolled in the course;
 2. The following prerequisites are required:
 - a. Prerequisites identified in the course introductory materials under the heading “Prerequisites”; and
 - b. Prerequisites listed for lessons 1-1, 1-2, 1-3, 1-4, 1-5, 1-6, 1-7, 2-1, 2-2, 2-3, 3-1, 3-2, 3-3, 3-4, 3-5, 3-6, 3-7, 3-8, 3-9, 3-10, 4-1, 4-2, 4-3, 4-4, 4-5, 4-6, 4-7, 4-8, 4-9, 4-10, 4-11, 5-1, 5-2, 5-3, 5-4, 5-5, 5-6, 6-1, 6-2, 6-3, 7-1, 7-2, 7-3, and 7-4;
 3. The minimum course length is 110 contact hours;
 4. Modules 1 through 7 are required;
 5. Module 8 is deleted;
 6. EMS equipment listed for lessons 1-2, 1-3, 1-4, 1-5, 1-6, 1-7, 2-1, 2-2, 2-3, 3-1, 3-2, 3-3, 3-4, 3-5, 3-6, 3-8, 3-9, 3-10, 4-1, 4-2, 4-3, 4-4, 4-5, 4-6, 4-7, 4-8, 4-9, 4-10, 4-11, 5-1, 5-2, 5-3, 5-4, 5-5, 5-6, 6-1, 6-2, 6-3, 7-1, 7-2, 7-3, and 7-4 is required and shall be available before the start of the course and during the course as needed to meet the needs of each student enrolled in the course;
 7. Facility recommendations identified in the course introductory materials under the headings “Environment” and “Facilities” are requirements;
 8. In addition to modules 1 through 7, the course shall also contain additional instruction and skills training in:
 - a. Blood glucose monitoring that provides information and hands-on training on the equipment and procedures necessary to evaluate blood sugar levels, and
 - b. Intravenous monitoring that provides information and hands-on training on transporting a patient with an established intravenous or patient controlled analgesic pump.
 9. A final written course examination is required and shall:
 - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is “all of the above” or “none of the above”;
 - b. Cover the learning objectives of the course with representation from each of the course modules; and
 - c. Require a passing score of 75% or better in no more than three attempts; and
 10. A final comprehensive practical skills examination is required and shall:
 - a. Evaluate a student’s technical proficiency in skills identified in Appendix H; and
 - b. Enable a student to meet NREMT-Basic registration requirements.
- Historical Note**
Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).
- Exhibit F. Repealed**
- Historical Note**
Exhibit F adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).
- R9-25-306. Arizona EMT-B Refresher, Arizona EMT-B Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**
- A.** “Arizona EMT-B refresher” means the United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician: Basic Refresher Curriculum Instructor Course Guide, (1996);
1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590; from the Department’s Bureau of Emergency Medical Services; and on the internet at <http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm>;
 2. As modified in subsection (B); and
 3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- B.** The Arizona EMT-B refresher is modified as follows:
1. No more than 32 students shall be enrolled in the course;
 2. The minimum admission requirements are:
 - a. One of the following:
 - i. Current EMT-B or higher level certification in this state or certification, recertification, or licensure at the basic emergency medical technician level or higher level in any other state or jurisdiction;
 - ii. Current NREMT-Basic or higher level registration; or
 - iii. For an individual with lapsed NREMT-Basic or higher-level registration, eligibility to have NREMT registration reinstated upon completion of the Arizona EMT-B refresher; and
 - b. Proficiency in cardiopulmonary resuscitation;
 3. The minimum course length is 24 contact hours;
 4. Modules 1 through 6 are required;
 5. EMS equipment listed for Modules II, III, IV, V, and VI is required and shall be available before the start of the course and during the course as needed to meet the needs of each student enrolled in the course;
 6. Facility recommendations identified for the Arizona EMT-B course are requirements;
 7. For a student who has not completed the Arizona EMT-B course, the course shall contain additional instruction and skills training in:
 - a. Blood glucose monitoring that provides information and hands-on training on the equipment and procedures necessary to evaluate blood sugar levels, and
 - b. Intravenous monitoring that provides information and hands-on training on transporting a patient with an established intravenous or patient controlled analgesic pump;
 8. A final written course examination is required and shall:
 - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is “all of the above” or “none of the above”;
 - b. Cover the learning objectives of the course with representation from each of the course modules; and
 - c. Require a passing score of 75% or better in no more than three attempts; and
 9. A final comprehensive practical skills examination is required and shall:
 - a. Evaluate a student’s technical proficiency in skills identified as psychomotor objectives in modules 1 through 6; and
 - b. Enable a student to meet NREMT-Basic registration or reregistration requirements.
- C.** “Arizona EMT-B refresher challenge examination” means competency testing prescribed in the Arizona EMT-B refresher that is administered by a training program certified under this

Article or by an ALS base hospital authorized under R9-25-210(C).

D. The Arizona EMT-B refresher challenge examination shall consist of:

1. The EMT-B refresher final written course examination, required in subsection (B)(8); and
2. The EMT-B refresher final comprehensive practical skills examination, required in subsection (B)(9).

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-307. Arizona EMT-I Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. “Arizona EMT-I course” means the United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Intermediate: National Standard Curriculum (1999);

1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590; from the Department’s Bureau of Emergency Medical Services; and on the internet at <http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm>;
2. As modified in subsection (B); and
3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).

B. The Arizona EMT-I course is modified as follows:

1. No more than 24 students shall be enrolled in the course;
2. Prerequisites identified in the course introductory materials under the headings “The EMT-Intermediate: National Standard Curriculum” and “Prerequisites” are required;
3. The minimum course length is 400 contact hours, including:
 - a. A minimum of 280 contact hours of didactic instruction and practical laboratory; and
 - b. A minimum of 120 contact hours of clinical training and field training;
4. Modules 1 through 7 are required;
5. EMS equipment required for the course is listed in Exhibit A of this Article and shall be available before the start of the course and during the course as needed to meet the needs of each student enrolled in the course;
6. Facility recommendations identified in the course introductory materials under the headings “EMT-Intermediate Education,” “Program Evaluation,” and “Facilities” are requirements;
7. A final written course examination is required and shall:
 - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is “all of the above” or “none of the above”;
 - b. Cover the learning objectives of the course with representation from each of the course modules; and
 - c. Require a passing score of 75% or better in no more than three attempts; and
8. A final comprehensive practical skills examination is required and shall:
 - a. Evaluate a student’s technical proficiency in skills identified as psychomotor objectives in modules 1 through 7; and
 - b. Enable a student to meet NREMT-Intermediate registration requirements.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit H. Repealed

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-308. Arizona EMT-P Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. “Arizona EMT-P course” means the United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Paramedic: National Standard Curriculum (1998);

1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590; from the Department’s Bureau of Emergency Medical Services; and on the internet at <http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm>
2. As modified in subsection (B); and
3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).

B. The Arizona EMT-P course is modified as follows:

1. No more than 24 students shall be enrolled in the course;
2. The following course prerequisites are required:
 - a. Prerequisites identified in the course introductory materials under the heading “The EMT-Paramedic: National Standard Curriculum, Prerequisites”; and
 - b. Completion of a minimum of 24 clock hours of hazardous materials training that meets the requirements of the National Fire Protection Association’s, NFPA 472: Standard for Professional Competence of Responders to Hazardous Materials Incidents, 2002 Edition; Competencies for First Responders at the Operational Level; incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-747 and from the Department’s Bureau of Emergency Medical Services;
3. The minimum course length is 1000 contact hours, including:
 - a. A minimum of 500 contact hours of didactic instruction and practical laboratory; and
 - b. A minimum of 500 contact hours of clinical training and field training.
4. Modules 1 through 8 are required;
5. Equipment required for the course is listed in Exhibit A and shall be available before the start of the course and during the course as needed to meet the needs of each student enrolled in the course;
6. Facility recommendations on page 32 of the introductory material are requirements;
7. A final written course examination is required and shall:
 - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is “all of the above” or “none of the above”;
 - b. Cover the learning objectives of the course with representation from each of the course modules; and

- c. Require a passing score of 75% or better in no more than three attempts; and
- 8. A final comprehensive practical skills examination is required and shall:
 - a. Evaluate a student's technical proficiency in skills identified as psychomotor objectives in modules 1 through 8; and
 - b. Enable a student to meet NREMT-Paramedic registration requirements.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-309. Arizona ALS Refresher; Arizona ALS Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A. "Arizona ALS refresher" means the means the United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Paramedic: NSC Refresher Curriculum (2001);
 - 1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590; from the Department's Bureau of Emergency Medical Services; and on the internet at <http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm>
 - 2. As modified in subsection (B); and
 - 3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- B. The Arizona ALS refresher is modified as follows:
 - 1. No more than 32 students shall be enrolled in the course;
 - 2. The minimum admission requirements are:
 - a. One of the following:
 - i. Current EMT-I or EMT-P certification in this state or certification, recertification, or licensure at the intermediate emergency medical technician level or paramedic level in any other state or jurisdiction;
 - ii. Current NREMT-Intermediate or NREMT-Paramedic registration; or
 - iii. For an individual with lapsed NREMT-Intermediate or NREMT-Paramedic registration, eligibility to have NREMT registration reinstated upon completion of the Arizona ALS refresher; and
 - b. Proficiency in cardiopulmonary resuscitation and proficiency in advanced emergency cardiac life support;
 - 3. The minimum course length is 48 contact hours;
 - 4. Modules 1 through 6 are required;
 - 5. For a student at the intermediate emergency medical technician level, lessons, tasks, and objectives shall not exceed the intermediate emergency medical technician skill level;
 - 6. Equipment required for the course is listed in Exhibit A and shall be available before the start of the course and during the course as needed to meet the needs of each student enrolled in the course;
 - 7. Facility recommendations identified for the Arizona EMT-P course are requirements;
 - 8. A final written course examination is required and shall:
 - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and

- two distractors, neither of which is "all of the above" or "none of the above";
- b. Cover the learning objectives of the course with representation from each of the course modules; and
- c. Require a passing score of 75% or better in no more than three attempts; and
- 9. A final comprehensive practical skills examination is required and shall:
 - a. Evaluate a student's technical proficiency in skills identified as psychomotor objectives in modules 1, 2, 4, 5, and 6; and
 - b. Enable a student to meet NREMT-Intermediate or NREMT-Paramedic registration or reregistration requirements.
- C. "Arizona ALS refresher challenge examination" means competency testing prescribed in the Arizona ALS refresher that is administered by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- D. The Arizona ALS refresher challenge examination shall consist of:
 - 1. The ALS refresher final written course examination, required in subsection (B)(8); and
 - 2. The ALS refresher final comprehensive practical skills examination, required in subsection (B)(9).

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-310. Training Program Medical Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A. A training program certificate holder shall ensure that a training program medical director:
 - 1. Is a physician or exempt from physician licensing requirements under A.R.S. §§ 32-1421(A)(7) or 32-1821(3); and
 - 2. Meets one of the following:
 - a. Has emergency medicine certification from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery;
 - b. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
 - c. Is practicing emergency medicine and has:
 - i. Proficiency in advanced emergency cardiac life support,
 - ii. Proficiency in advanced trauma life support, and
 - iii. Proficiency in pediatric emergency care.
- B. A training program medical director designated for a course shall:
 - 1. Before the start date of the course, ensure that the course has a course content outline and final examinations that are consistent with:
 - a. Requirements established in the course; and
 - b. The scope of practice of the EMT level to which the course corresponds; and
 - 2. During the course, ensure that the course content outline is followed and that the final examinations are given.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-311. Training Program Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. A training program certificate holder shall ensure that a training program director is:

1. A physician with at least two years emergency medical services experience as a physician;
2. A doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction with at least two years emergency medical services experience as a doctor of allopathic medicine or osteopathic medicine;
3. A registered nurse licensed under A.R.S. Title 32, Chapter 15 or licensed in another state or jurisdiction with at least two years emergency medical services experience as a registered nurse;
4. A physician's assistant licensed under A.R.S. Title 32, Chapter 25 or licensed in another state or jurisdiction with at least two years emergency medical services experience as a physician's assistant;
5. An EMT-P with at least two years experience as an EMT-P;
6. An EMT-I with at least two years experience as an EMT-I, only if acting as a training program director for the Arizona EMT-I course, EMT-I Arizona ALS refresher, Arizona EMT-B course, or Arizona EMT-B refresher; or
7. An EMT-B with at least two years experience as an EMT-B, only if acting as a training program director for the Arizona EMT-B course or Arizona EMT-B refresher.

B. A training program director designated for a course shall:

1. Supervise the day-to-day operation of a course;
2. Supervise and evaluate the course lead instructor and all preceptors providing clinical training or field training;
3. Ensure that policies and procedures established for a course pursuant to R9-25-313 are followed;
4. Ensure that true and accurate records for each student enrolled in a course are kept pursuant to R9-25-315;
5. Ensure that an Arizona EMT-B refresher challenge examination or an Arizona ALS refresher challenge examination is administered and graded pursuant to the requirements established in the Arizona EMT-B refresher or the Arizona ALS refresher;
6. Ensure that a student is assisted in making reservations to take NREMT written examinations required for NREMT registration;
7. Ensure that a student is assisted in completing application forms required for NREMT registration;
8. Ensure that a student is assisted in completing application forms required for certification in this state;
9. Ensure that forms required pursuant to R9-25-316(B) or (C) are completed and submitted to the Department;
10. For a student who completes a course, issue a certificate of completion containing:
 - a. Identification of the training program;
 - b. The name of the course completed;
 - c. The name of the student who completed the course;
 - d. The date the student completed all course requirements;
 - e. Attestation that the student has met all course requirements; and
 - f. The signature or electronic signature of the training program director and the date of signature or electronic signature; and
11. For an EMT who passes the Arizona EMT-B refresher challenge examination or the Arizona ALS refresher challenge examination, issue a certificate of completion containing:
 - a. Identification of the training program;

- b. The name of the refresher challenge examination administered;
- c. The name of the EMT who passed the refresher challenge examination;
- d. The dates the EMT took the refresher challenge examination;
- e. Attestation that the EMT has passed the refresher challenge examination; and
- f. The signature or electronic signature of the training program director and the date of signature or electronic signature.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit D. Repealed**Historical Note**

Exhibit D adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit C. Repealed**Historical Note**

Exhibit C adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit E. Repealed**Historical Note**

Exhibit E adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-312. Lead Instructor; Preceptor (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A. A training program certificate holder shall ensure that a lead instructor is:

1. A physician with at least two years emergency medical services experience;
2. A doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction with at least two years emergency medical services experience;
3. A registered nurse licensed under A.R.S. Title 32, Chapter 15 or licensed in another state or jurisdiction with at least two years emergency medical services experience;
4. A physician's assistant licensed under A.R.S. Title 32, Chapter 25 or licensed in another state or jurisdiction with at least two years emergency medical services experience;
5. An EMT-P with at least two years experience as an EMT-P;
6. An EMT-I with at least two years experience as an EMT-I, only if acting as a lead instructor for the Arizona EMT-I course, EMT-I Arizona ALS refresher, Arizona EMT-B course, or Arizona EMT-B refresher; or
7. An EMT-B with at least two years experience as an EMT-B, only if acting as a lead instructor for the Arizona EMT-B course or Arizona EMT-B refresher.

B. A lead instructor shall have completed 24 hours of training related to instructional methodology including:

1. Organizing and preparing materials for didactic instruction, clinical training, field training, and skills practice;
2. Preparing and administering tests and practical examinations;
3. Using equipment and supplies;

4. Measuring student performance;
 5. Evaluating student performance;
 6. Providing corrective feedback; and
 7. Evaluating course effectiveness.
- C. A lead instructor assigned to a course shall:
1. Be present or have a substitute lead instructor present during all course hours established for the course; and
 2. Ensure that course instruction is provided and is consistent with the course content outline and final examinations established for the course.
- D. A training program certificate holder shall ensure that a preceptor is:
1. A physician or a doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction;
 2. A registered nurse licensed under A.R.S. Title 32, Chapter 15 or licensed in another state or jurisdiction;
 3. A physician's assistant licensed under A.R.S. Title 32, Chapter 25 or licensed in another state or jurisdiction;
 4. An EMT-P with at least two years experience as an EMT-P;
 5. An EMT-I with at least two years experience as an EMT-I, only if acting as a preceptor for the Arizona EMT-I course, the EMT-I Arizona ALS refresher, the Arizona EMT-B course, or the Arizona EMT-B refresher; or
 6. An EMT-B with at least two years experience as an EMT-B, only if acting as a preceptor for the Arizona EMT-B course or Arizona EMT-B refresher.
- E. A preceptor shall provide training consistent with the clinical training or field training established in a course and, if applicable, a written agreement required in R9-25-304(B).

Historical Note

New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-313. Training Program Policies and Procedures (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A training program certificate holder shall establish, implement, and annually review policies and procedures for:

1. Student enrollment, including verification that a student has proficiency in reading at the 9th grade level and meets all course admission requirements;
2. Student attendance, including leave, absences, make-up work, tardiness, and causes for suspending or expelling a student for unsatisfactory attendance;
3. Grading, including the minimum grade average considered satisfactory for continued enrollment and standards for suspending or expelling a student for unsatisfactory grades;
4. Administration of final examinations;
5. Student conduct, including causes for suspending or expelling a student for unsatisfactory conduct; and
6. Maintenance of student records and medical records, including compliance with all applicable state and federal laws governing confidentiality, privacy, and security.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-314. Training Program Disclosure Statements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

A training program certificate holder shall provide all course applicants with the following documentation before the start date of a course:

1. A description of requirements for admission, course content, course hours, course fees, and course completion;
2. A list of books, equipment, and supplies that a student is required to purchase for the course;
3. Notification of requirements for a student to begin any part of the course, including physical examinations, immunizations, tuberculin skin tests, drug screening, and the ability to perform certain physical activities;
4. A copy of training program policies and procedures required under R9-25-313;
5. A copy of Article 4 of this Chapter; and
6. A copy of NREMT policies and requirements governing:
 - a. NREMT practical and written examinations, and
 - b. NREMT registration.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-315. Training Program Student Records (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A. A training program certificate holder shall keep the following records for each student enrolled in a course:
1. The student's name;
 2. A copy of the student's enrollment agreement or contract;
 3. The name of the course in which the student is enrolled;
 4. The student's attendance records;
 5. The student's clinical training records;
 6. The student's field training records;
 7. The student's grades;
 8. Documentation of scores for each final written examination attempted or completed by the student; and
 9. Documentation of each final practical examination attempted or completed by the student, including all forms used as part of the final practical examination.
- B. A training program certificate holder shall retain student records required under subsection (A) for three years from the start date of a student's course.
- C. A training program certificate holder shall keep records for each EMT to whom a refresher challenge examination is administered, including:
1. The EMT's name;
 2. The challenge examination taken;
 3. The challenge examination date;
 4. The final written examination attempted or completed by the student and the written examination numeric grade; and
 5. Documentation of each practical examination attempted or completed by the student, including all forms used as part of the practical examination.
- D. A training program certificate holder shall retain records required under subsection (C) for three years from the date a refresher challenge examination is administered.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-316. Training Program Notification and Recordkeeping (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A. At least 10 days before the start date of a course, a training program certificate holder shall submit to the Department a completed form provided by the Department containing:
1. Identification of the training program,
 2. The course name,

3. The name of the course training program medical director and attestation that the course training program medical director is qualified under R9-25-310,
 4. The name of the course training program director and attestation that the course training program director is qualified under R9-25-311,
 5. The name of the course lead instructor and attestation that the lead instructor is qualified under R9-25-312,
 6. The course start date and end date, and
 7. The main location at which the course will be taught.
- B.** No later than 10 days after the date a student completes all course requirements, a training program certificate holder shall submit to the Department, the following information on a completed form provided by the Department:
1. Name, start date, and end date of the course completed;
 2. Name, social security number, and mailing address of the student who has completed the course;
 3. Date the student completed all course requirements; and
 4. Signed and dated attestation of the training program director designated for a course that the student has met all course requirements.
- C.** No later than 10 days after the date a certified training program administers a refresher challenge examination, the training program certificate holder shall submit to the Department a completed form provided by the Department containing:
1. Identification of the refresher challenge examination administered;
 2. Name, social security number, and address of the EMT who passed the refresher challenge examination;
 3. Refresher challenge examination date; and
 4. Signed and dated attestation of the training program director designated for a course that the EMT has passed the refresher challenge examination.
- D.** A training program certificate holder shall maintain for Department review and inspection all documents and records as required under this Article.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-317. Training Program Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A.** The Department may take an action listed in subsection (B) against a training program certificate holder who:
1. Violates the requirements in A.R.S. Title 36, Chapter 21.1 or 9 A.A.C. 25; or
 2. Knowingly or negligently provides false documentation or information to the Department.
- B.** The Department may take the following action against a training program certificate holder:
1. After notice is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, issue a letter of censure;

2. After notice is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, issue an order of probation;
3. After notice and opportunity to be heard is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, suspend the training program certificate; or
4. After notice and opportunity to be heard is provided pursuant to A.R.S. Title 41, Chapter 6, Article 10, decertify the training program.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-318. Arizona EMT-I Transition Course Definition; Clarification of EMT-I References (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A.** In addition to the definitions of “course” in R9-25-301(A), course also means the Arizona EMT- Intermediate Transition Course:
1. Prescribed in Exhibit B; and
 2. Provided by a training program certified under this Article 3 or by an ALS base hospital authorized under R9-25-210(C).
- B.** Under R9-25-309(B):
1. “Intermediate emergency medical technician level or higher level” means completion of training that meets or exceeds the training provided in the United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Intermediate: National Standard Curriculum (1999), incorporated by reference in R9-25-307(A)(1); and
 2. “EMT-Intermediate registration” means EMT-Intermediate/99 registration granted by NREMT.
- C.** Under R9-25-309(B), R9-25-311(A)(6), and R9-25-312(A)(6), “EMT-I” means an EMT-I who has completed training that meets or exceeds the training provided in the United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Intermediate: National Standard Curriculum (1999), incorporated by reference in R9-25-307(A)(1).
- D.** Under R9-25-311(A)(6) and R9-25-312(A)(6), an EMT-I may also act as a training program director or lead instructor for the Arizona EMT-Intermediate Transition Course, prescribed in Exhibit B.
- E.** In this Article “NREMT-Intermediate Practical Examination” means the NREMT-Intermediate Practical Examination required for EMT-Intermediate/99 registration granted by NREMT.
- F.** This Section expires December 31, 2007.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

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Exhibit A. EMT-I Course, EMT-P Course, ALS Refresher Equipment Minimum Standards

Quantity	Equipment
1	Moulage or Casualty Simulation Equipment
12	Trauma Dressings
1 per student	Pen Lights (or provided by the student)
1 per student	Scissors (or provided by the student)
4	Stethoscopes (or provided by the student)
4	Blood pressure cuffs - adult sizes
4	Blood pressure cuffs - child size
4	Bag-valve-mask devices - adult size
4	Bag-valve-mask devices - pediatric size
2	Oxygen tank with regulator and key (Must be operational and maintain a minimum of 500psi.)
6	Oxygen masks non-rebreather - adult
6	Oxygen masks non-rebreather - child
6	Nasal cannulas
2 boxes	Alcohol preps
One box per student	Gloves - (small, medium, large, and extra large) (each student has one box of an appropriate size available during the course)
6 packages	4x4 sponges (non sterile)
10 boxes	5x9 sponges (non sterile)
36 rolls	Rolled gauze (non sterile)
1 box	Vaseline gauze or occlusive dressings
2	Traction splint devices
2	Vest type immobilization devices
2	Long spine boards with securing devices
3 of each size	Cervical collars (small, regular, medium, large, and extra large) NOTE: may substitute 6 adjustable devices NOTE: Soft collars and foam types are not acceptable
2	Head immobilization materials/devices
1	Ambulance stretcher
1	Bottle of activated charcoal
1	Oral glucose tube
2	Blood glucose monitoring devices
2	IV solution, tubing: macro and microdrip, blood tubing
2	Portable suction devices
3	Rigid suction catheters
3	Flexible suction catheters
2 of each size	Oropharyngeal airways
2 of each size	Nasopharyngeal airways
2 of each size	Rigid splints (6 inch, 12 inch, 18 inch, 24 inch, and 36 inch)
2	Burn sheets
2	OB kits

8 bottles	Sterile water
2	CPR Manikins - adult
2	CPR Manikins - child
2	CPR Manikins - infant
1 per student	CPR face shields or similar barrier device (or provided by the student)
1 per student	Pocket mask (or provided by the student)
1	Semi-Automatic Defibrillator or AED training device
1 box	IV Catheter - Butterfly
1 box	IV Catheter - 24 Gauge
1 box	IV Catheter - 22 Gauge
1 box	IV Catheter - 20 Gauge
1 box	IV Catheter - 18 Gauge
1 box	IV Catheter - 16 Gauge
1 box	IV Catheters central line catheter or intra-cath
1 unit	Monitor/Defibrillator
1 unit	Arrhythmia Simulator
1 box	Electrodes
2 unit	Intubation Manikin-adult
2 unit	Intubation Manikin - pediatrics
2 sets	Laryngoscope Handle and Blades - one complete set MAC or Miller
1 set	Endotracheal Tubes - 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, and 8.5
1	Dual Lumen Airway
2 each	Stylet - adult and pediatric
1 box	1 cc Syringes
1 box	3 cc Syringes
1 box	5 cc Syringes
1 box	10-12 cc Syringes
1 box	20 cc Syringes
2	IV Infusion Arm
10 bags	IV Fluids: 50cc, 100cc, 250cc, 500cc, 1000cc
10 sets each	IV Tubing - 10/15gtt, 60gtt
10 sets each	Blood tubing
2	Sharps containers
1	Invasive Skills Manikin - cricothyrotomy, central Lines and intraosseous and sternal IO training devices
1	Magill forceps
1	Hemostat
3	IV tourniquets
3	Scalpels
1	Simulated Drug Box

Historical Note

New Exhibit made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit B. Arizona EMT-Intermediate Transition Course**Admission Requirements:**

1. EMT-I certification in Arizona during the two years before the course start date, and
2. Evidence of proficiency in cardiopulmonary resuscitation.

Course Hours:

The minimum course length is 80 contact hours. In addition, sufficient time shall be provided to administer the final written examination and the final practical examination.

Equipment and Facilities:

Equipment required for the course is listed in Exhibit A and shall be available before the start of the course and during the course as needed to meet the needs of each student enrolled in the course. Facility recommendations identified for the Arizona EMT-P course are requirements for the Arizona EMT-Intermediate Transition Course.

Examinations:

1. A final written course examination is required and shall:
 - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is “all of the above” or “none of the above”;
 - b. Cover the learning objectives of the course with representation from each of the course modules; and
 - c. Require a passing score of 75% or better in no more than three attempts.
2. A final comprehensive practical skills examination is required and shall enable a student to meet NREMT-Intermediate/99 registration or reregistration requirements.

Competencies:

1. Describe the scope of the duties of the advanced emergency medical technician (Intermediate and Paramedic).
2. Identify signs and symptoms of patients with a communicable disease and list the appropriate body substance isolation procedures.
3. Identify the initial, focused, and continuing processes of assessment, medical history, vital signs, communications, and documentation.
4. Apply the procedures of identifying and treating hypoperfusion states including intravenous (IV) and intraosseous (IO) fluid therapy.
5. Describe the actions, indications, contraindications, precautions, side effects, and dosages of the drugs included in the current Arizona Department of Health Services, Bureau of Emergency Medical Services approved drug box.
6. Given a patient scenario, identify and treat emergencies and relate proposed field interventions for each of the body systems.
7. Given a patient scenario, identify and relate proposed field interventions for patient with obstetrical emergencies.
8. Given a patient scenario, identify and relate proposed field interventions for patient with neonatal and pediatric emergencies.
9. Given a patient scenario, identify and relate proposed field interventions for patient with behavioral emergencies, preserving personal safety and well being.
10. Demonstrate trauma victim assessment, airway management, control of hemorrhage and hypoperfusion states.
11. Demonstrate 80 percent proficiency on a written examination and 80 percent accuracy of practical skills in selected EMS scenarios.

Course Outline:

- I. Advanced Emergency Medical Technician
 - A. Roles and responsibilities
 - B. Rules, regulations, and EMS systems

- II. Human Systems and Patient Assessment
 - A. Scene management and body substance isolation
 - B. Human systems in health and disease
 - C. Initial, focused, and ongoing processes of assessment
 1. Vital signs
 2. History taking, interviewing, and communications
 3. Terminology
 - D. Documentation
- III. Hypoperfusion States
 - A. Shock/Disorders of hydration
 - B. Devices and techniques
 - C. Trauma
 - D. Thermal injuries
 - E. Communications and documentation
- IV. Pharmacology
 - A. Basic and advanced pharmacokinetics
 - B. Updated drug information
 - C. Action of drugs
 - D. Techniques of administration
 1. Oral
 2. Rectal
 3. Parenteral
 4. Intraosseous
 5. Intralingual
 - E. Drug box
- V. Illness, Injury, and the Body's Systems
 - A. Respiratory
 1. LMA
 2. Combitube
 3. Endotracheal and nasal tracheal intubation
 4. Surgical cricothyrotomy
 5. Needle thoracostomy
 - B. Cardiovascular
 1. Ecg rhythm identification
 2. Pacemaker rhythm identification
 3. 12-lead ecg application and analysis
 4. Defibrillation and cardioversion procedures
 - C. Central nervous system
 - D. Endocrine
 - E. Musculoskeletal emergencies
 - F. Soft tissue emergencies
 - G. Acute abdominal emergencies
 - H. Genito-urinary emergencies
 - I. Gynecological emergencies
 - J. Anaphylactic reactions
 - K. Toxicology, alcoholism, and substance abuse
 - L. Poisoning and overdose
 - M. Submersion incidents
 - N. Emergencies in the geriatric patient
 - O. Techniques of management
 - P. Communications and documentation
- VI. Obstetrical Emergencies
 - A. Maternal assessment
 - B. Delivery techniques
 - C. Care of the newborn
 - D. Ectopic pregnancy
 - E. Infectious diseases
 - F. Rape and abuse
 - G. Communications and documentation
- VII. Neonatal and Pediatric Emergencies
 - A. Approach to the pediatric patient
 - B. Related pathologies
 - C. Techniques of management
 - D. Communications and documentation
- VIII. Behavioral Emergencies
 - A. Behavioral disorders

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- B. Hostile environments
- C. Therapeutic communications
- D. Restraint
- IX. Trauma and Disaster
 - A. START Triage
 - B. Incident command
 - C. Age considerations
 - 1. Infant
 - 2. Pediatric
 - 3. Adult
 - 4. Geriatric
- X. Evaluation
 - A. Written
 - B. Skills

This Exhibit expires December 31, 2007.

Historical Note

New Exhibit made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

ARTICLE 4. EMT CERTIFICATION

Article 4 repealed; new Article 4 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-401. EMT General Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (6), and (7))

- A. An individual shall not act as an EMT-B, EMT-I, or EMT-P unless the individual has current certification or recertification from the Department.
- B. The Department shall approve or deny an application required by this Article pursuant to Article 12 of this Chapter.
- C. If the Department denies an application for certification or recertification, the applicant may request a hearing pursuant to A.R.S. Title 41, Chapter 6, Article 10.
- D. The Department shall certify or recertify an EMT for two years:
 - 1. Except as provided in R9-25-405; or
 - 2. Unless revoked by the Department pursuant to A.R.S. § 36-2211.
- E. An individual whose EMT certificate is expired shall not apply for recertification, unless the individual has been granted an extension to file an application for EMT recertification under R9-25-407.
- F. An individual whose EMT certificate is expired or denied by the Department may apply for certification pursuant to R9-25-404, or if applicable, R9-25-405.
- G. The Department shall keep confidential all criminal justice information received from the Department of Public Safety or any local, state, tribal, or federal law enforcement agency and shall not make this information available for public record review.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-402. EMT Certification and Recertification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (6), and (7))

- A. The Department shall not certify an EMT if the applicant:
 - 1. Is currently:
 - a. Incarcerated for a criminal conviction,
 - b. On parole for a criminal conviction,
 - c. On supervised release for a criminal conviction, or
 - d. On probation for a criminal conviction;

- 2. Within 10 years before the date of filing an application for certification required by this Article, has been convicted of any of the following crimes, or any similarly defined crimes in this state or in any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated:
 - a. 1st or 2nd degree murder;
 - b. Attempted 1st or 2nd degree murder;
 - c. Sexual assault;
 - d. Attempted sexual assault;
 - e. Sexual abuse of a minor;
 - f. Attempted sexual abuse of a minor;
 - g. Sexual exploitation of a minor;
 - h. Attempted sexual exploitation of a minor;
 - i. Commercial sexual exploitation of a minor;
 - j. Attempted commercial sexual exploitation of a minor;
 - k. Molestation of a child;
 - l. Attempted molestation of a child; or
 - m. A dangerous crime against children as defined in A.R.S. § 13-604.01;
- 3. Within five years before the date of filing an application for certification required by this Article, has been convicted of a misdemeanor involving moral turpitude or a felony in this state or any other state or jurisdiction, other than a misdemeanor involving moral turpitude or a felony listed in subsection (A)(2), unless the conviction has been absolutely discharged, expunged, or vacated;
- 4. Within five years before the date of filing an application for certification required by this Article, has had EMT certification or recertification revoked in this state or EMT certification, recertification, or licensure revoked in any other state or jurisdiction; or
- 5. Knowingly provides false information in connection with an application required by this Article.
- B. The Department shall not recertify an EMT, if:
 - 1. While certified, the applicant has been convicted of a crime listed in subsection (A)(2), or any similarly defined crimes in this state or in any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated; or
 - 2. The applicant knowingly provides false information in connection with an application required by this Article.
- C. The Department shall certify or recertify an EMT who:
 - 1. Is at least 18 years of age;
 - 2. Is not ineligible for:
 - a. Certification pursuant to subsection (A), or
 - b. Recertification pursuant to subsection (B); and
 - 3. Meets the applicable requirements in R9-25-404, R9-25-405, or R9-25-406.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-403. EMT Probationary Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (6), and (7))

- A. The Department shall make probation a condition of certification under R9-25-404 or temporary certification under R9-25-405, if within two years before the date of filing an application for certification required by this Article, an applicant who is not ineligible for certification under R9-25-402 has been convicted of a misdemeanor in this state or in any other state or jurisdiction, involving:
 - 1. Within 10 years before the date of filing an application for certification required by this Article, has been convicted of any of the following crimes, or any similarly defined crimes in this state or in any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated:

1. Possession, use, administration, acquisition, sale, manufacture, or transportation of an intoxicating liquor, dangerous drug, or narcotic drug, unless the conviction has been absolutely discharged, expunged, or vacated; or
 2. Driving or being in physical control of a vehicle while under the influence of an intoxicating liquor, a dangerous drug, or a narcotic drug, unless the conviction has been absolutely discharged, expunged, or vacated.
- B.** The Department shall fix the period and terms of probation that will:
1. Protect the public health and safety, and
 2. Remediate and educate the applicant.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-404. Application Requirements for EMT Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2202(G), and 36-2204(1) and (6))

- A.** An applicant for initial EMT certification shall submit to the Department an application including:
1. An application form provided by the Department containing:
 - a. The applicant's name, address, telephone number, date of birth, and social security number;
 - b. Responses to questions addressing the applicant's criminal history pursuant to R9-25-402(A) and R9-25-403(A);
 - c. Attestation that all information required as part of the application has been submitted and is true and accurate; and
 - d. The applicant's signature and date of signature;
 2. For each affirmative response to a question addressing the applicant's criminal history pursuant to R9-25-402(A) or R9-25-403(A), a detailed explanation and supporting documentation; and
 3. If applicable, a copy of EMT certification, recertification, or licensure issued to the applicant in another state or jurisdiction.
- B.** In addition to the application, the following are required:
1. For EMT-B certification, both:
 - a. A certificate of course completion signed by the training program director designated for the course for either the:
 - i. Arizona EMT-B course, or
 - ii. Arizona EMT-B refresher, if the applicant has current certification, licensure, NREMT registration, or NREMT reregistration eligibility at the basic emergency medical technician level or higher level; and
 - b. Evidence of current NREMT-Basic registration;
 2. For EMT-I certification, both:
 - a. A certificate of course completion signed by the training program director designated for the course for either the:
 - i. Arizona EMT-I course, or
 - ii. Arizona ALS refresher, if the applicant has current certification, licensure, NREMT registration, or NREMT reregistration eligibility at the intermediate emergency medical technician level or higher level; and
 - b. Evidence of current NREMT-Intermediate registration; or
 3. For EMT-P certification, both:

- a. A certificate of course completion signed by the training program director designated for the course for either the:
 - i. Arizona EMT-P course, or
 - ii. Arizona ALS refresher, if the applicant has current certification, licensure, NREMT registration, or NREMT reregistration eligibility at the paramedic emergency medical technician level; and
- b. Evidence of current NREMT-Paramedic registration.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-405. Application Requirements for Temporary Nonrenewable EMT-B or EMT-P Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2202(G), and 36-2204(1), (6), and (7))

- A.** An individual who holds current NREMT-Basic registration, but does not meet requirements in R9-25-404(B)(1)(a), may apply for one temporary six-month EMT-B certification.
- B.** An individual who holds current NREMT-Paramedic registration, but does not meet application requirements in R9-25-404(B)(3)(a), may apply for one temporary six-month EMT-P certification.
- C.** An applicant for temporary certification shall submit to the Department a copy of current NREMT registration and an application required in R9-25-404(A).
- D.** The Department shall certify an applicant who meets certification requirements under this Section for six months.
- E.** The Department shall automatically certify an EMT who holds a six month certificate for an additional 18 months, if the EMT:
1. Continues to hold current NREMT-Basic registration or current NREMT-Paramedic registration; and
 2. Before the expiration of the six month certificate, meets the applicable application requirements in R9-25-404(B).
- F.** The Department shall issue an EMT who complies with subsection (E) a new certificate that expires 24 months from the date the six month certificate is issued.
- G.** An EMT who is not certified under subsection (E):
1. Shall not act as an EMT after the expiration date of the six month certificate,
 2. Is not eligible to apply for another six month certificate under this Section,
 3. Shall not apply for recertification, and
 4. May apply for certification pursuant to R9-25-404.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-406. Application Requirements for EMT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (4), and (6))

- A.** Before the expiration of the applicant's current certificate, an applicant for EMT recertification shall submit to the Department an application including:
1. An application form provided by the Department containing:
 - a. The applicant's name, address, telephone number, date of birth, and social security number;

- b. Responses to questions addressing the applicant's criminal history pursuant to R9-25-402(A)(3), R9-25-402(B)(1), and R9-25-411(A);
 - c. Attestation that all information required as part of the application has been submitted and is true and accurate; and
 - d. The applicant's signature and date of signature;
 2. For each affirmative response to a question addressing the applicant's criminal history pursuant to R9-25-402(A)(3), R9-25-402(B)(1), and R9-25-411(A), a detailed explanation and supporting documentation; and
 3. If applicable, a copy of each EMT certification, recertification, or licensure issued to the applicant in another state or jurisdiction that the applicant holds.
- B.** In addition to the application, the following are required:
1. For EMT-B recertification, either:
 - a. A certificate of course completion signed by the training program director designated for the course showing that within two years before the expiration date of an applicant's current EMT-B certificate, the applicant completed either the:
 - i. Arizona EMT-B refresher, or
 - ii. Arizona EMT-B refresher challenge examination; or
 - b. Evidence of current NREMT-Basic registration;
 2. For EMT-I recertification, either:
 - a. Attestation that the applicant:
 - i. Has completed continuing education required under subsection (C), and
 - ii. Has and will maintain for Department review documentation verifying completion of continuing education required under subsection (C); or
 - b. Evidence of current NREMT-Intermediate registration; or
 3. For EMT-P recertification, either:
 - a. Attestation that the applicant:
 - i. Has completed continuing education required under subsection (C), and
 - ii. Has and will maintain for Department review documentation verifying completion of continuing education required under subsection (C); or
 - b. Evidence of current NREMT-Paramedic registration.
- C.** An EMT-I or EMT-P required to complete continuing education requirements under subsections (B)(2)(a) or (B)(3)(a) shall complete 60 clock hours of continuing education, as follows:
1. Seven clock hours through proficiency in cardiopulmonary resuscitation and proficiency in advanced emergency cardiac life support;
 2. No more than 48 clock hours for completion of the Arizona ALS refresher;
 3. No more than 12 clock hours for passing the Arizona ALS refresher challenge examination;
 4. No more than 20 clock hours of training in a single subject covered in the Arizona EMT-I course, the Arizona EMT-P course, or the Arizona ALS refresher;
 5. No more than 20 clock hours of teaching in a single subject covered in the Arizona EMT-I course, the Arizona EMT-P course, or the Arizona ALS refresher;
 6. No more than 20 clock hours of training related to skills, procedures, or treatments authorized under Article 8 of this Chapter;
 7. No more than 20 clock hours of teaching related to skills, procedures, or treatments authorized under Article 8 of this Chapter;
 8. No more than 20 clock hours of training in current developments, skills, procedures, or treatments related to the practice of emergency medicine or the provision of emergency medical services;
 9. No more than 20 clock hours of participation in or attendance at meetings, conferences, presentations, seminars, or lectures designed to provide understanding of current developments, skills, procedures, or treatments related to the practice of emergency medicine or the provision of emergency medical services;
 10. No more than 16 clock hours of training in advanced trauma life support; and
 11. No more than 16 clock hours of training in pediatric emergency care.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-407. Extension to File an Application for EMT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (6), 36-2202(G), and 36-2204(1), (4), (5), and (7))

- A.** Before the expiration of a current certificate, an EMT who is unable to meet the recertification requirements in R9-25-406 because of personal or family illness, military service, or authorized federal or state emergency response deployment may apply to the Department in writing for one extension of time to file for recertification.
- B.** The Department may grant one extension of time to file for recertification:
 1. For personal or family illness, for no more than 180 days; or
 2. For military service or authorized federal or state emergency response deployment, for the term of service or deployment plus 180 days.
- C.** An individual applying for or granted an extension of time to file for recertification remains certified pursuant to the conditions of A.R.S. § 41-1092.11.
- D.** An EMT who does not meet the recertification requirements in R9-25-406 within the extension period or has the application for recertification denied by the Department:
 1. Is not eligible to apply for recertification; and
 2. May apply for certification pursuant to R9-25-404, or if applicable, R9-25-405.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-408. Requirements for Downgrading of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2202(G), and 36-2204(1) and (6))

- A.** A certified EMT-I or EMT-P who is not under investigation pursuant to A.R.S. § 36-2211 may apply for continued certification at a lower EMT level for the remainder of the certification period by submitting to the Department:
 1. A written request containing:
 - a. The EMT's name, address, telephone number, date of birth, and social security number;
 - b. The lower EMT-level requested;
 - c. Attestation that the applicant has not committed an act or engaged in conduct that would warrant revocation of a certificate under A.R.S. § 36-2211;

- d. Attestation that all information submitted is true and accurate; and
- e. The applicant's signature and date of signature; and
- 2. Either:
 - a. A written statement from the EMT-I's or EMT-P's administrative medical director attesting that the EMT is able to perform at the lower level of certification; or
 - b. For an EMT-I or EMT-P applying for continued certification as an EMT-B, an Arizona EMT-B refresher certificate of completion or an EMT-B refresher challenge examination certificate of completion signed by the training program director assigned to the Arizona EMT-B refresher.

- B. A certified EMT-I or EMT-P who is not under investigation pursuant to A.R.S. § 36-2211 may apply for recertification at a lower level pursuant to R9-25-406.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-409. Notification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3) and (A)(4), 36-2204(1) and (6), and 36-2211)

- A. No later than 30 days after the date an EMT's name legally changes, the EMT shall submit to the Department:
 - 1. A completed form provided by the Department containing:
 - a. The name under which the EMT is currently certified by the Department;
 - b. The EMT's address, telephone number, and social security number; and
 - c. The EMT's new name; and
 - 2. Documentation showing that the name has been legally changed.
- B. No later than 30 days after the date an EMT's address changes, the EMT shall submit to the Department a completed form provided by the Department containing:
 - 1. The EMT's name, telephone number, and social security number; and
 - 2. The EMT's new address.
- C. An EMT shall notify the Department in writing no later than 10 days after the date the EMT:
 - 1. Is incarcerated or is placed on parole, supervised release, or probation for any criminal conviction;
 - 2. Is convicted of a crime listed in R9-25-402(A)(2), a misdemeanor involving moral turpitude, or a felony in this state or any other state or jurisdiction;
 - 3. Is convicted of a misdemeanor identified in R9-25-403(A) in this state or any other state or jurisdiction;
 - 4. Has registration revoked or suspended by NREMT; or
 - 5. Has EMT certification, recertification, or licensure revoked or suspended in another state or jurisdiction.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-410. EMT Standards of Practice (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), 36-2204(1), (6) and (7), 36-2205, and 36-2211)

An EMT shall act as an EMT only:

- 1. As authorized under the EMT's scope of practice as identified under Article 8 of this Chapter; and

- 2. For an EMT required to have medical direction pursuant to A.R.S. Title 36, Chapter 21.1 and R9-25-201, as authorized under:
 - a. Treatment protocols, triage protocols, and communication protocols approved by the EMT's administrative medical director; and
 - b. Medical recordkeeping, medical reporting, and pre-hospital incident history report requirements approved by the EMT's administrative medical director.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-411. Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), 36-2204(1), (6) and (7), and 36-2211)

- A. For purposes of A.R.S. § 36-2211(A)(1), unprofessional conduct is an act or omission made by an EMT that is contrary to the recognized standards or ethics of the EMT profession or that may constitute a danger to the health, welfare, or safety of a patient or the public, including but not limited to:
 - 1. Impersonation of an EMT of a higher level of certification or impersonation of a health professional as defined in A.R.S. § 32-3201;
 - 2. Permitting or allowing another individual to use the EMT certification for any purpose;
 - 3. Aiding or abetting an individual who is not certified pursuant to this Chapter in acting as an EMT or in representing that the individual is certified as an EMT;
 - 4. Engaging in or soliciting sexual relationships, whether consensual or nonconsensual, with a patient while acting as an EMT;
 - 5. Physically or verbally harassing, abusing, threatening, or intimidating a patient or another individual while acting as an EMT;
 - 6. Making false or materially incorrect entries in a medical record or willful destruction of a medical record;
 - 7. Failing or refusing to maintain adequate records on a patient;
 - 8. Soliciting or obtaining monies or goods from a patient by fraud, deceit, or misrepresentation;
 - 9. Aiding or abetting an individual in fraud, deceit, or misrepresentation in meeting or attempting to meet the application requirements for EMT certification or EMT recertification contained in this Article, including the requirements established for:
 - a. Completing and passing a course provided by a training program; and
 - b. The NREMT examination process and NREMT registration process;
 - 10. Providing false information or making fraudulent or untrue statements to the Department or about the Department during an investigation conducted by the Department;
 - 11. Being incarcerated or being placed on parole, supervised release, or probation for any criminal conviction;
 - 12. Being convicted of a misdemeanor identified in R9-25-403(A), which has not been absolutely discharged, expunged, or vacated;
 - 13. Having NREMT registration revoked or suspended by NREMT for material noncompliance with NREMT rules or standards; and
 - 14. Having EMT certification, recertification, or licensure revoked or suspended in another state or jurisdiction.

- B. Under A.R.S. § 36-2211, physical or mental incompetence of an EMT is the EMT's lack of physical or mental ability to provide emergency medical services as required under this Chapter.
- C. Under A.R.S. § 36-2211 gross incompetence or gross negligence is an EMT's willful act or willful omission of an act that is made in disregard of an individual's life, health, or safety and that may cause death or injury.

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit I. Repealed**Historical Note**

Exhibit I adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit J. Repealed**Historical Note**

Exhibit J adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit K. Repealed**Historical Note**

Exhibit K adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-412. Special EMT-I Certification and Recertification Conditions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (A)(6), 36-2202(G), and 36-2204(1), (4), and (6))

- A. Under R9-25-404(B)(2)(a)(ii), "intermediate emergency medical technician level" means completion of training that meets or exceeds the training provided in the United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Intermediate: National Standard Curriculum (1999), incorporated by reference in R9-25-307(A)(1).
- B. In this Article, "NREMT-Intermediate registration" means EMT-Intermediate/99 registration granted by NREMT.
- C. For EMT-I recertification under R9-25-406, an applicant who does not hold current NREMT-Intermediate registration and who has not completed the Arizona EMT-I course or Arizona EMT-Intermediate Transition Course defined in Article 3 of this Chapter, shall satisfy the continuing education requirement in R9-25-406(C) by completing the Arizona EMT Intermediate Transition Course.
- D. This Section expires December 31, 2007.

Historical Note

New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

ARTICLE 5. REPEALED

Article 5 repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-501. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-502. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-503. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-504. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-505. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-506. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-507. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-508. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Subsection (A)(2) corrected to reflect adopted rules on file with the Office of the Secretary of State, effective October 15, 1996 (Supp. 97-1). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-509. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-510. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit P. Repealed**Historical Note**

Exhibit P adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-511. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Sub-

section (C) corrected to reflect adopted rules on file with the Office of the Secretary of State, effective October 15, 1996 (Supp. 97-3). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-512. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Subsection (A) corrected to reflect adopted rules on file with the Office of the Secretary of State, effective October 15, 1996 (Supp. 97-1). Subsection (A) corrected again to reflect adopted rules on file with the Office of the Secretary of State, effective October 15, 1996 (Supp. 97-3). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-513. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-514. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Amended by exempt rulemaking at 7 A.A.R. 4888, effective November 1, 2001 (Supp. 01-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-515. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

ARTICLE 6. REPEALED

Article 6 repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-601. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-602. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-603. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-604. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-605. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-606. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-607. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-608. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-609. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit R. Repealed**Historical Note**

Exhibit R adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-610. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-611. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-612. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-613. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-614. Repealed**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-615. Repealed

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Amended by exempt rulemaking at 7 A.A.R. 4888, effective November 1, 2001 (Supp. 01-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

R9-25-616. Repealed

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit S. Repealed

Historical Note

Exhibit S adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit G. Repealed

Historical Note

Exhibit G adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit L. Repealed

Historical Note

Exhibit L adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit M. Repealed

Historical Note

Exhibit M adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit N. Repealed

Historical Note

Exhibit N adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit O. Repealed

Historical Note

Exhibit O adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit Q. Repealed

Historical Note

Exhibit Q adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

ARTICLE 7. RESERVED

ARTICLE 8. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

(Authority: A.R.S. § 36-2205(A))

Editor's Note: Article 8, consisting of Sections R9-25-801 through R9-25-803 and Exhibits, was recodified from A.A.C. R9-13-1501 through R9-13-1503. These recodified Sections were originally filed under an exemption from A.R.S. Title 41, Chapter

6. Refer to the historical notes in 9 A.A.C. 13 for adoption dates (Supp. 98-1).

Article 8, consisting of Section R9-25-805 and Exhibits 1 through 3, was adopted under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to A.R.S. § 36-2205(C). Exemption from A.R.S. Title 41, Chapter 6 means that the Department did not submit these rules to the Secretary of State's Office for publication in the Arizona Administrative Register; the Department did not submit the rules to the Governor's Regulatory Review Council for review; and the Department was not required to hold public hearings on this Section. Under A.R.S. § 36-2205(D) a person may petition the Director to amend an adopted protocol pursuant to A.R.S. § 41-1033 (Supp. 97-2).

Editor's Note: The following Section was originally adopted under an exemption from the provisions of the Administrative Procedure Act which means that these rules were not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.

R9-25-801. Protocol for Administration of a Vaccine, an Immunizing Agent, or a Tuberculin Skin Test by an EMT-I or an EMT-P

- A.** In this rule "immunization clinic" means an event organized for the purpose of administering a vaccine, an immunizing agent, or a tuberculin skin test.
- B.** After meeting the training requirements in subsection (C), an EMT-I or an EMT-P is authorized to administer:
 1. A vaccine or an immunizing agent recommended by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Immunization Program; or
 2. A tuberculin skin test.
- C.** An EMT-I or an EMT-P shall complete immunization training that:
 1. Meets all requirements established in the ALS Prehospital Provider Immunization Training Curriculum, dated January 1, 2004, incorporated by reference and on file with the Department, including no future editions or amendments; and available from the Department's Bureau of Emergency Medical Services; and
 2. Is approved by the EMT-I's or EMT-P's administrative medical director.
- D.** An EMT-I or an EMT-P may administer a vaccine, an immunizing agent, or a tuberculin skin test:
 1. For an agency sponsoring an immunization clinic;
 2. During a scheduled immunization clinic; and
 3. Under the direction of a physician under contract with the agency sponsoring the immunization clinic, as required in subsection (F).
- E.** An EMT-I or an EMT-P who administers a vaccine or immunizing agent authorized in subsection (B) shall:
 1. Provide immunization information and written immunization records consistent with and as required in 9 A.A.C. 6, Article 7;
 2. Receive signed, written consent consistent with and as required in 9 A.A.C. 6, Article 7; and
 3. Provide documentary proof of immunity consistent with and as required in 9 A.A.C. 6, Article 7.
- F.** The agency sponsoring an immunization clinic shall have a written contract with a medical director who:
 1. Is qualified under R9-25-204 or R9-25-205; and

2. Is accessible by telephone, beeper, two-way radio, or in person at the time when the vaccine or immunizing agent is administered.

Historical Note

R9-25-801 recodified from A.A.C. R9-13-1501 (Supp. 98-1). Amended by exempt rulemaking at 7 A.A.R. 4895, effective October 5, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4).

Editor's Note: The following Section was originally adopted under an exemption from the provisions of the Administrative Procedure Act which means that these rules were not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.

R9-25-802. EMT's Scope of Practice

An EMT shall perform a medical treatment, procedure, or technique and administer a medication only:

1. Under medical direction if required in A.R.S. Title 36, Chapter 21.1 and R9-25-201;
2. As prescribed in the EMT-B, EMT-I, or EMT-P training curriculum required for Arizona certification or NREMT registration;
3. In a manner consistent with R9-25-410; and
4. According to protocols established in this Article.

Historical Note

R9-25-802 recodified from A.A.C. R9-13-1502 (Supp. 98-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4092, effective September 1, 2001 (Supp. 01-3). Amended by exempt rulemaking at 8 A.A.R. 931, effective February 15, 2002 (Supp. 02-1). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4).

Editor's Note: The following Exhibit was originally adopted under an exemption from the provisions of the Administrative Procedure Act which means that these rules were not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.

Exhibit 1. Repealed**Historical Note**

Section R9-25-802, Exhibit 1 recodified from A.A.C. R9-13-1502, Exhibit 1 (Supp. 98-1). Exhibit 1 repealed by exempt rulemaking at 7 A.A.R. 4895, effective October 5, 2001 (Supp. 01-4).

Editor's Note: The following Exhibit was originally adopted under an exemption from the provisions of the Administrative Procedure Act which means that these rules were not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.

Exhibit 2. Repealed**Historical Note**

Section R9-25-802, Exhibit 2 recodified from A.A.C. R9-13-1502, Exhibit 2 (Supp. 98-1). Exhibit 2 repealed by

exempt rulemaking at 7 A.A.R. 4895, effective October 5, 2001 (Supp. 01-4).

Editor's Note: The following Exhibit was originally adopted under an exemption from the provisions of the Administrative Procedure Act which means that these rules were not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.

Exhibit 3. Repealed**Historical Note**

Section R9-25-802, Exhibit 3 recodified from A.A.C. R9-13-1502, Exhibit 3 (Supp. 98-1). Exhibit 3 repealed by exempt rulemaking at 7 A.A.R. 4895, effective October 5, 2001 (Supp. 01-4).

Editor's Note: The following Exhibit was adopted under an exemption from the provisions of the Administrative Procedure Act which means that these rules were not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on these rules; and the Attorney General has not certified these rules.

Exhibit 4. Repealed**Historical Note**

Section R9-25-802, Exhibit 4 recodified from A.A.C. R9-13-1502, Exhibit 4 (Supp. 98-1). Exhibit 4 repealed by exempt rulemaking at 7 A.A.R. 4895, effective October 5, 2001 (Supp. 01-4).

Editor's Note: The following Section was repealed and a new Section was adopted under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to A.R.S. § 36-2205(C). Exemption from A.R.S. Title 41, Chapter 6 means that the Department did not submit these rules to the Secretary of State's Office for publication in the Arizona Administrative Register as proposed rules; the Department did not submit the rules to the Governor's Regulatory Review Council for review; and the Department was not required to hold public hearings on this Section (Supp. 98-4).

R9-25-803. Protocol for Drug Box Procedures

- A. In addition to the definitions in R9-25-101, the following definitions apply in this protocol unless otherwise specified:
 1. "Accredited health care institution" means the same as the definition in A.R.S. § 36-401.
 2. "Accredited hospital" means the same as the definition in A.R.S. § 36-401.
 3. "Agency" means the same as the definition in R9-25-101.
 4. "Base hospital" means the same as the definition of "advanced life support base hospital" as defined in A.R.S. § 36-2201.
 5. "Base hospital medical director" means a physician who meets the requirements in R9-25-207.
 6. "Controlled substance" means the same as the definition in A.R.S. § 32-1901(12).
 7. "Drug" means any of the medications in Exhibit 1 and Exhibit 2.
 8. "Drug box" means a container to hold the drugs in Exhibit 1.
 9. "EMT-B" means a basic emergency medical technician and is the same as the definition in A.R.S. § 36-2201.

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10. "Independent supplier" means an entity permitted by the State Board of Pharmacy pursuant to A.R.S. § 32-1929 to sell or stock drugs.
 11. "Interfacility transport" means a prearranged ambulance transport of an individual receiving medical care from one licensed accredited hospital or licensed accredited health care institution to another licensed accredited hospital or licensed accredited health care institution.
 12. "License" means the written authorization issued by the Department under A.R.S. Title 36, Chapter 4.
 13. "Monitor" means:
 - a. To observe the administration rate of a drug and the response to the drug by the individual receiving the drug, or
 - b. The ongoing responsibility to check the contents of a drug box as required in subsection (C)(4).
 14. "Physician" means an individual licensed pursuant to A.R.S. §§ 32-1301 or 32-1701.
 15. "Qualified EMT-P" means an intermediate emergency medical technician who has completed the:
 - a. EMT-Intermediate National Standard Curriculum 1998, as contained in the Arizona EMT-Intermediate Curriculum, September 1, 2001, incorporated by reference in R9-25-802(3)(b); or
 - b. Arizona EMT-Intermediate Transition Course, February 15, 2002, incorporated by reference in R9-25-802(3)(c).
 16. "Registered nurse" means an individual licensed pursuant to A.R.S. § 32-1601.
- B.** Only an individual authorized under R9-25-608(B) or a registered nurse may administer a drug under the medical direction of a medical direction authority.
1. When a controlled substance is ordered, an EMT-I, EMT-P, or registered nurse shall document the order on a first care form and a medical direction authority shall sign the form.
 2. A copy of the first care form in subsection (B)(1) shall be delivered to the pharmacy of the base hospital or receiving health care institution within 72 hours after the order is issued.
- C.** A base hospital, receiving health care institution, or independent supplier who elects to provide the drugs listed in Exhibit 1 to an agency shall establish a written agreement with the agency to document:
1. Written policies established by the base hospital, receiving health care institution, or independent supplier addressing requirements for secured drug boxes, distribution of drugs, drug box recordkeeping, and reporting.
 2. An agency's responsibility to provide a base hospital, a receiving health care institution, or an independent supplier with drug boxes that:
 - a. Are washable.
 - b. Are capable of being locked.
 - c. Are large enough to contain all of the drugs listed in Exhibit 1.
 - d. Include a listing of the location and identification of drugs.
 3. An agency's assurance that:
 - a. A drug box is stored in a locked compartment which provides security and that restricts movement of the drug box while vehicle is in motion.
 - b. Unauthorized individuals do not have access to a drug box.
 - c. The contents of a drug box are maintained at temperatures recommended by the drug manufacturer.
 - d. When a drug box is assigned to an EMT-I, EMT-P, or a registered nurse, the name of the EMT-I, EMT-P, or registered nurse, and the time and date of assignment are recorded in writing. An agency shall maintain the record for 30 calendar days from the date of entry.
4. An EMT-I, EMT-P, or a registered nurse shall:
- a. Monitor the contents of a drug box for expired drugs, deteriorated drugs, damaged drug containers or labels, altered drug containers or labels, or missing drugs. If any of these conditions occur, the EMT-I, EMT-P, or registered nurse shall notify the supervisor of the EMT-I, EMT-P or the registered nurse, the base hospital, the receiving health care institution's pharmacy, or the independent supplier and return the affected drugs to the base hospital, the receiving health care institution's pharmacy, or the independent supplier.
 - b. Verify the inventory of a drug box by conducting an inspection of the drug box before delivery to the next assigned EMT-I, EMT-P, or registered nurse. The verification shall be in writing and contain the name or EMT certification number of the EMT-I, EMT-P, or registered nurse conducting the inspection and date and time of inspection.
 - c. Record each administration of a drug on the individual's first care form and follow the reporting requirements in R9-25-615.
- D.** Within 72 hours of the discovery of any conditions in subsection (C)(4)(a) for a controlled substance, a base hospital, a receiving health care institution, or an independent supplier shall notify the Department by telephone or facsimile transmission specifying the date of discovery, type of controlled substance involved and type of exception. If the notification is by telephone, the base hospital, the receiving health care institution, or the independent supplier shall send to the Department by certified mail the information contained in this Section.
- E.** An agency shall exchange or resupply drugs only from a base hospital, a receiving health care institution, or an independent supplier with which the agency has a current written agreement for resupplying drugs:
1. If an agency is obtaining drugs from a base hospital, a receiving health care institution, or an independent supplier that mandates a drug box-for-box exchange, the agency shall obtain sufficient drug boxes to assure the agency's acquisition of a new drug box within 30 minutes of the return of a used drug box to the base hospital or the receiving health care institution.
 2. If an agency is obtaining drugs from a base hospital, a receiving health care institution, or an independent supplier that allows drug-for-drug exchange, the agency shall ensure that an EMT-I, EMT-P, or a registered nurse documents the exchange on a form that includes the name of the drug exchanged and the date and time of exchange.
- F.** Except as provided in subsection (I), a base hospital's pharmacy, a receiving health care institution, or an independent supplier shall provide the contents of a drug box in the supply ranges set forth in Exhibit 1.
- G.** Except for a controlled substance, a medical director of a base hospital may request permission to provide a drug in an amount that exceeds the supply range in Exhibit 1.
1. The medical director of a base hospital shall submit a request in writing to the Department that contains:
 - a. The name of the agency for whom the exception is being requested,

- b. The name of the drug,
 - c. The additional amount of the drug being requested,
 - d. The reason for the request, and
 - e. The signature of the medical director.
- 2. Within 15 working days after receipt of a request, the Department shall review the request and:
 - a. Approve the request after determining that the request protects public health and safety based on such factors as the response area, response time, or location of supply;
 - b. Deny the request after determining that the request fails to provide for protection of health and safety.
- H. A certified emergency medical technician authorized by R9-25-508 or R9-25-608 shall receive approval of the base hospital medical director before interfacility transport of an individual receiving any drug listed in Exhibit 2. An EMT-I or EMT-P shall receive training in the administration of an Exhibit 2 drug

before monitoring an IV infusion delivery during interfacility transport of an individual. Before an infusion pump is used for drug delivery, an EMT-I or EMT-P shall receive training in the administration of an Exhibit 2 drug and the use of the infusion pump that will be used to administer the Exhibit 2 drug.

Historical Note

Section R9-25-803 recodified from A.A.C. R9-13-1503, (Supp. 98-1). Section repealed; new Section adopted effective November 30, 1998; filed in the Office of the Secretary of State November 24, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 98-4). Amended by exempt rulemaking at 7 A.A.R. 4888, effective November 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 8 A.A.R. 2625, effective June 1, 2002 (Supp. 02-2).

The following Exhibit was repealed and a new Exhibit was adopted under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to A.R.S. § 36-2205(C). Exemption from A.R.S. Title 41, Chapter 6 means that the Department did not submit these rules to the Secretary of State's Office for publication in the Arizona Administrative Register as proposed rules; the Department did not submit the rules to the Governor's Regulatory Review Council for review; and the Department was not required to hold public hearings on this Section (Supp. 98-4).

Exhibit 1. EMT-P and Qualified EMT-I Drug List; EMT-I Drug List; EMT-B Drug List

EMT-P AND QUALIFIED EMT-I DRUG LIST

AGENT	CONCENTRATION	SUPPLY RANGE
ADENOSINE	6 mg/2 mL	5 - 6
ALBUTEROL SULFATE * (sulfite free)	2.5 mg/3 mL normal saline Unit dose or 2.5 mg/0.5 mL solution in 20 mL dropper bottle and 3 mL normal saline bullets	2 - 6 1 bottle 2-6 bullets
AMIODARONE (optional)	150 mg/6 mL	2 - 3
ASPIRIN	81 - 325 mg	36 - 100
ATROPINE SULFATE	1 mg/10 mL pre-filled syringes	3 - 4
ATROPINE SULFATE	8 mg/20 mL	1 - 2
BRETYLIUM TOSYLATE (optional)	500 mg/10 mL	1 - 3
CALCIUM CHLORIDE	1 g/10 mL	1 - 2
CHARCOAL, ACTIVATED (without sorbitol)	25 g	2 - 4
DEXTROSE	25 g/50 mL	2 - 4
DIAZEPAM (required) and DIAZEPAM RECTAL DELIVERY GEL (optional)	10 mg/ 2 mL 10 mg twin pack pediatric (Total 20 mg)	2 1
DIPHENHYDRAMINE HCl	50 mg/1 mL	1 - 2
DOPAMINE HCl	400 mg/5 mL or 400 mg/250 mL dextrose 5% in water (D ₅ W)	1 - 2 1 - 2
EPINEPHRINE HCl 1:1,000 solution	1 mg/1 mL ampules or prefilled syringes	1 - 2
EPINEPHRINE HCl 1:1,000 solution	1 mg/1 mL 30 mL multidose vial	1 - 2
EPINEPHRINE HCl 1:10,000 solution	1 mg/10 mL prefilled syringes	6 - 8

FUROSEMIDE	20mg/2mL, or 40mg/4mL, or 100mg/10mL	4 4 2
or If FUROSEMIDE is not available, BUMETANIDE	0.25mg/1mL	4 - 8
GLUCAGON	1 mg with 1 mL diluting solution dose pack	1 - 2
IPRATROPIUM BROMIDE * 0.02%	2.5 mL Unit dose	2 - 4
LIDOCAINE HCl IV	100 mg/5 mL prefilled syringes	3 - 4
LIDOCAINE HCl IV	1 g/25 mL or 2 g/500 mL dextrose 5% in water (D ₅ W)	1 - 2 1 - 2
MAGNESIUM SULFATE	1 g/2 mL	4 - 10
METHYLPREDNISOLONE SODIUM SUCCINATE	125 mg	1 - 2
MIDAZOLAM (Versed®) (optional)	5mg/5ml	2 - 4
MORPHINE SULFATE	10 mg/1 mL	2
NALOXONE HCl	0.4 mg/1 mL or 1 mg/1 mL or 10 mg/10 mL	10 mg
or If NALOXONE HCl is not available, NALMEFENE HCl	2 mg/2 mL	1 - 2
NITROGLYCERIN TABLETS or NITROGLYCERIN SUBLINGUAL SPRAY	0.4 mg tablets /25 in bottle 0.4 mg/metered dose 200 metered doses/bottle	1 - 2 bottles 1 - 2 bottles
OXYTOCIN (optional)	10 units/1 mL	1 - 2
PHENYLEPHRINE NASAL SPRAY 0.5%	15 mL	1 - 2
SODIUM BICARBONATE 8.4%	50 mEq/50 mL	2 - 3
THIAMINE HCl	100 mg/1 mL	1 - 2
VERAPAMIL HCl	5 mg/2 mL	2 - 3
NITROUS OXIDE (optional)	Nitrous Oxide 50% / Oxygen 50% fixed ratio setup with O ₂ fail-safe device and self-admin- istration mask	1 setup
SYRINGES	1 mL tuberculin 3 mL 10 - 12 mL 20 mL 50 - 60 mL	2 4 4 2 2

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FILTER NEEDLES	5 micron	3
NON - FILTER NEEDLES		assorted sizes
INTRAVENOUS SOLUTIONS: (Bulk restricts inclusions of all fluids in drug box) DEXTROSE, 5% in water LACTATED RINGER'S NORMAL SALINE NORMAL SALINE NORMAL SALINE	250 mL bag 1 L bag 1 L bag 250 mL bag 50 mL bag	1 4 - 8 4 - 8 3 2

* Administer by nebulizer

Note: Per Arizona Administrative Code R9-25-803, only appropriate levels of EMT personnel educated in an approved curriculum (covering both IV pumps and the specific drugs named in Exhibit 1 and Exhibit 2 of this Section) and approved by their base hospital medical director may monitor patients on the listed medications during interfacility transports.

EMT-I DRUG LIST

AGENT	CONCENTRATION	SUPPLY RANGE
ALBUTEROL SULFATE * (sulfite free)	2.5 mg/3 mL normal saline Unit dose or 2.5 mg/0.5 mL solution in 20 mL dropper bottle and 3 mL normal saline bullets	2 - 6 1 bottle 2 - 6 bullets
ASPIRIN	81 - 325 mg	36 - 100
ATROPINE SULFATE	8 mg/20 mL	1 - 2
CHARCOAL, ACTIVATED (without sorbitol)	25 g	2 - 4
DEXTROSE	25 g /50 mL	2 - 4
DIAZEPAM (required) and DIAZEPAM RECTAL DELIVERY GEL (optional)	10 mg/2 mL 10 mg twin pack pediatric (Total 20 mg)	2 1
DIPHENHYDRAMINE HCl	50 mg/1 mL	1 - 2
EPINEPHRINE HCl 1:1,000 solution	1 mg/1 mL ampules or prefilled syringes	1 - 2
EPINEPHRINE HCl 1:10,000 solution	1 mg/10 mL prefilled syringes	3 - 6
FUROSEMIDE or If FUROSEMIDE is not available, BUMETANIDE	20mg/2mL, or 40mg/4mL, or 100mg/10mL 0.25mg/1mL	4 4 2 4 - 8
GLUCAGON	1mg with 1 mL diluting solution dose pack	1 - 2
IPRATROPIUM BROMIDE * 0.02%	2.5 mL Unit dose	2 - 4

METHYLPREDNISOLONE SODIUM SUCCINATE	125 mg	1 - 2
MIDAZOLAM (Versed®) (optional)	5mg/5ml	2 - 4
MORPHINE SULFATE	10 mg/1 mL	2
NALOXONE HCl or If NALOXONE HCl is not available, NALMEFENE HCl	0.4 mg/1 mL or 1 mg/1 mL or 10 mg/10 mL 2 mg/2 mL	10 mg 1 - 2
NITROGLYCERIN TABLETS or NITROGLYCERIN SUBLINGUAL SPRAY	0.4 mg tablets /25 in bottle 0.4 mg/metered dose 200 metered doses/bottle	1 - 2 bottles 1 - 2 bottles
OXYTOCIN (optional)	10 units/1 mL	1 - 2
PHENYLEPHRINE NASAL SPRAY 0.5%	15 mL	1 - 2
SODIUM BICARBONATE 8.4%	50 mEq/50 mL	2 - 3
THIAMINE HCl	100 mg/1 mL	1 - 2
NITROUS OXIDE (optional)	Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O ₂ fail-safe device and self-admin- istration mask.	1 setup
SYRINGES	1 mL tuberculin 3 mL 10 - 12 mL 20 mL 50 - 60 mL	2 2 2 2 2
FILTER NEEDLES	5 micron	3
NON-FILTER NEEDLES		assorted sizes
INTRAVENOUS SOLUTIONS: (Bulk restricts inclusion of all fluids in drug box) DEXTROSE, 5% in water LACTATED RINGER'S NORMAL SALINE NORMAL SALINE	250 mL bag 1 L bag 1 L bag 250 mL bag	1 4 - 8 4 - 8 3

* Administer by nebulizer

Note: Per Arizona Administrative Code R9-25-803, only appropriate levels of EMT personnel educated in an approved curriculum (covering both IV pumps and the specific drugs named in Exhibit 1 and Exhibit 2 of this Section) and approved by their base hospital medical director may monitor patients on the listed medications during interfacility transports.

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EMT-B DRUG LIST

AGENT	CONCENTRATION	SUPPLY RANGE
ASPIRIN	81 - 325 mg	36 - 100

Historical Note

Section R9-25-803, Exhibit 1 “EMT-P Drug List” and “EMT-I Drug List” recodified from A.A.C. R9-13-1503, Exhibit 1 “EMT-P Drug List” and “EMT-I Drug List” (Supp. 98-1). Exhibit 1 repealed; new Exhibit 1 adopted effective November 30, 1998; filed in the Office of the Secretary of State November 24, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 98-4). Amended under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) at 6 A.A.R. 1507, effective May 1, 2000 (Supp. 00-1). Amended under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) at 6 A.A.R. 3762, effective October 1, 2000 (Supp. 00-3). Amended by exempt rulemaking at 7 A.A.R. 1654, effective March 30, 2001 (Supp. 01-1). Amended by exempt rulemaking at 8 A.A.R. 2625, effective June 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 9 A.A.R. 1703, effective May 15, 2003 (Supp. 03-2).

The following Exhibit was adopted under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to A.R.S. § 36-2205(C). Exemption from A.R.S. Title 41, Chapter 6 means that the Department did not submit these rules to the Secretary of State's Office for publication in the Arizona Administrative Register as proposed rules; the Department did not submit the rules to the Governor's Regulatory Review Council for review; and the Department was not required to hold public hearings on this Exhibit (Supp. 98-4).

Exhibit 2. Intravenous Infusions to be Monitored by Appropriate Level of EMT Personnel

IV INFUSIONS	EMT-B	EMT-I	Qualified EMT-I and EMT-P	INFUSION PUMP
AMIODARONE		X	X	X
ANTIBIOTICS		X	X	
ANTIARRHYTHMICS PROCAINAMIDE HCl			X	X
BRETYLIUM TOSYLATE			X	X
BLOOD			X	
CALCIUM CHLORIDE			X	X
COLLOIDS DEXTRAN HETASTARCH SERUM ALBUMIN MANNITOL PLASMANATE		X X X	X X X	X X X
CORTICOSTEROIDS		X	X	X
DILTIAZEM			X	X
DIURETICS			X	X
DOPAMINE HCl			X	X
EPINEPHRINE HCl			X	X
FOSPHENYTOIN Na			X	X
GLYCOPROTEIN IIb/IIIa Inhibitors ABCIXIMAB (Reopro ®) EPTIFIBATIDE (Integrelin ®) TIROFIBAN (Aggrastat ®)			X X X	X X X
HEPARIN Na			X	X
LIDOCAINE HCl			X	X

MAGNESIUM SULFATE			X	X
MORPHINE SULFATE		X	X	X
NITROGLYCERIN			X	X
OXYTOCIN			X	X
PHENOBARBITAL Na			X	X
POTASSIUM SALTS			X	X
SODIUM BICARBONATE		X	X	
THEOPHYLLINE			X	X
TOTAL PARENTERAL NUTRITION			X	X
VITAMINS		X	X	
WATER/ELECTROLYTES/ CRYSTALLOIDS (COMMERCIAL PREPARATIONS)	X	X	X	

Notes:

1. Only an EMT-P may monitor an intravenous infusion via a central line.
2. Per Arizona Administrative Code R9-25-803, appropriate levels of EMT personnel shall be educated in an approved curriculum (covering both IV pumps and the specific drugs named in Exhibit 1 and Exhibit 2 of this Section) and approved by their base hospital medical director, before monitoring patients on the listed medications during interfacility transports.

Historical Note

Exhibit 2 adopted effective November 30, 1998; filed in the Office of the Secretary of State November 24, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 98-4). Amended under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) at 6 A.A.R. 1507, effective May 1, 2000 (Supp. 00-1). Amended under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) at 6 A.A.R. 3762, effective October 1, 2000 (Supp. 00-3). Amended by exempt rulemaking at 7 A.A.R. 1199, effective February 13, 2001 (Supp. 01-1). Amended by exempt rulemaking at 8 A.A.R. 2625, effective June 1, 2002 (Supp. 02-2).

R9-25-804. Protocol for Selection of a Health Care Institution for Emergency Medical Patient Transport**A.** In this Section:

1. “Emergency receiving facility” has the same meaning as in A.R.S. § 36-2201.
2. “Transfer care” means to relinquish to the control of another the ongoing medical treatment of an emergency medical patient.

B. An EMT shall, except as provided in subsection (C), transport an emergency medical patient to an emergency receiving facility.**C.** Under A.R.S. §§ 36-2205(E) and 36-2232(F), an EMT who responds to an emergency medical patient who has accessed 9-1-1 or a similar public dispatch number may refer, advise, or transport the emergency medical patient to the most appropriate health care institution, if the EMT:

1. Determines, based upon medical direction, that the emergency medical patient’s condition does not pose an immediate threat to life or limb;
2. Provides the emergency medical patient with a written list of health care institutions that are available to deliver emergency medical care to the emergency medical patient. The list shall:
 - a. Include the name, address, and telephone number of each health care institution;
 - b. If a health care institution is licensed under A.R.S. Title 36, Chapter 4, identify the classification or sub-

classification of the health care institution assigned under 9 A.A.C. 10; and

- c. Only include a health care institution that the administrative medical director has determined is able to accept an emergency medical patient; and

3. Determines, based upon medical direction, the health care institution to which the emergency medical patient may be transported, based on the following:

- a. The patient’s:
 - i. Medical condition,
 - ii. Choice of health care institution, and
 - iii. Health care provider; and
- b. The location of the health care institution and the emergency medical resources available at the health care institution.

D. Before initiating transport of an emergency medical patient, an EMT, emergency medical services provider, or ambulance service shall notify, by radio or telephone communication, a health care institution that is not an emergency receiving facility of the EMT’s intent to transport the emergency medical patient to the health care institution.**E.** An EMT transporting an emergency medical patient to a health care institution that is not an emergency receiving facility shall transfer care of the emergency medical patient to a designee authorized by:

1. A physician licensed under A.R.S. Title 32, Chapter 13 or 17;

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2. A physician assistant licensed under A.R.S. Title 32, Chapter 25; or
 3. A registered nurse licensed under A.R.S. Title 32, Chapter 15.
- F.** Before implementing this rule, an emergency medical services provider or an ambulance service shall notify the Department in writing of the intent to implement the rule.
- G.** An emergency medical services provider or an ambulance service that implements this rule shall make available for Department review and inspection written records relating to the transport of an emergency medical patient under subsections (C), (D), and (E).
- Historical Note**
- New Section made by exempt rulemaking at 7 A.A.R. 4888, effective November 1, 2001 (Supp. 01-4).
Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4).
- C.** Before performing IV access, an EMT-B trained in IV access shall have received prior written approval from the EMT-B's EMS provider agency and from an administrative medical director who agrees to provide medical direction for the EMT-B.
- D.** An EMT-B shall perform IV access only under "on line" medical direction, under standing orders approved by the administrative medical director, or under the direction of a currently certified EMT-I or EMT-P who is also attending the patient upon whom the EMT-B is to perform the procedure.
- E.** The administrative medical director shall be responsible for quality assurance and skill maintenance, and shall record and maintain a record of the EMT-B's IV access attempts.
- F.** An EMT-B trained in this optional procedure shall have a minimum of 5 IV starts per year. If less than 5, the EMT-B shall participate in a supervised base hospital clinical experience in which to obtain the minimum of 5 IV starts.

Historical Note

Adopted under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C), effective May 19, 1997; filed in the Office of the Secretary of State May 21, 1997 (Supp. 97-2). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4).

R9-25-805. Protocol for IV Access by an EMT-B

- A.** In this Section, unless the context otherwise requires, "EMS provider agency" means the emergency medical services provider or the ambulance service for whom the EMT-B is acting as an EMT-B.
- B.** An EMT-B is authorized to perform IV access only after completing training that meets all requirements established in Exhibit 1.

Exhibit 1. Lecture/Lab Vascular Access for EMT-Basics

Lecture/Lab

Vascular Access for EMT-Basics

Course Description:

Includes review of anatomy of the circulatory system. Skills will include peripheral intravenous cannulation techniques, fluid resuscitation, obtaining venous blood samples for laboratory analysis; infection control techniques for the safety of self and victim; complications of intravenous cannulation.

Prerequisites:

Certified EMT-Basic, under Medical Direction

Course Competencies:

This course is designed to develop the following course competencies:

1. Identify the need for fluid resuscitation in neonate, infant, pediatric, and adult victims (I);
2. Identify and describe the vascular anatomy and venous access for the neonate, infant, pediatric, and adult victims (II);
3. Identify and differentiate isotonic, hypotonic, and hypertonic solutions (III);
4. Select fluids; set up and manage equipment (IV);
5. Identify and demonstrate aseptic and safety techniques (V);
6. Identify and describe indications and contraindications for intravenous site selection (VI);
7. Perform all peripheral intravenous cannulation techniques (VII);
8. Perform blood drawing techniques (VIII);
9. Monitor infusion (IX);
10. Demonstrate 100% accuracy in intravenous techniques in selected scenarios (X);
11. Demonstrate 85% proficiency on a written examination (XI).

Historical Note

Adopted under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C), effective May 19, 1997; filed in the Office of the Secretary of State May 21, 1997 (Supp. 97-2). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4).

Exhibit 2. Course Outline

Vascular Access for EMT-Basic

COURSE OUTLINE

- I. Indications for Vascular Access
 - A. Restore fluid volume
 - B. Restore and maintain electrolyte balance
 - C. Administration of medications
 - D. Obtaining blood specimen
- II. Identification of common vascular sites
- III. Intravenous Solutions
 - A. Isotonic
 - B. Hypotonic
 - C. Hypertonic
 - D. Indications for each
- IV. Needle/Catheters and Intravenous Administration Sets
 - A. Types
 - B. Sizes
 - C. Administration sets
 - D. Set-up
- V. Asepsis and Safety
 - A. Site preparation
 - B. Universal precautions
 - C. “Sharp” disposal
- VI. Site selection
- VII. Peripheral Intravenous Cannulation
- VIII. Drawing Blood
 - A. Indication
 - B. Site preparation
 - C. Universal precautions
 - D. Labeling specimen(s)
 - E. “Sharp” disposal
 - F. Documentation
- IX. Monitoring the Intravenous Infusion
 - A. Calculation of rate of infusion
 - B. Signs and symptoms of infiltration and extravasation
 - C. Techniques for removal
 - D. Documentation
- X. Practicals
 - A. Mannequin
 - B. Human subjects
- XI. Final Written Examinations

Historical Note

Adopted under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C), effective May 19, 1997; filed in the Office of the Secretary of State May 21, 1997 (Supp. 97-2). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4).

Exhibit 3. Repealed**Historical Note**

Adopted under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C), effective May 19, 1997; filed in the Office of the Secretary of State May 21, 1997 (Supp. 97-2). Exhibit repealed by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4).

R9-25-806. Testing of Medical Treatments, Procedures, Medications, and Techniques that May Be Administered or Performed by an EMT

- A. Under A.R.S. § 36-2205, the Department may authorize the testing and evaluation of a medical treatment, procedure, technique, practice, medication, or piece of equipment for possible use by an EMT or an emergency medical services provider.
- B. Before authorizing any test and evaluation pursuant to subsection (A), the Department director shall approve the test and evaluation according to subsections (C), (D), (E).
- C. The Department director shall consider approval of a test and evaluation conducted pursuant to subsection (A), only if a written request for testing and evaluation:
 1. Is submitted to the Department director from:
 - a. The Department,
 - b. A state agency other than the Department,
 - c. A political subdivision of this state,
 - d. An EMT,
 - e. An emergency medical services provider,
 - f. An ambulance service, or
 - g. A member of the public; and
 2. Includes:
 - a. A cover letter, signed and dated by the individual making the request;
 - b. An identification of the person conducting the test and evaluation;
 - c. An identification of the medical treatment, procedure, technique, practice, medication, or piece of equipment to be tested and evaluated;
 - d. An explanation of the reasons for and the benefits of the test and evaluation;
 - e. The scope of the test and evaluation, including the:
 - i. Projected number of individuals, EMTs, emergency medical services providers, or ambulance services involved; and
 - ii. Proposed length of time required to complete the test and evaluation; and
 - f. The methodology to be used to evaluate the test's and evaluation's findings.
- D. The Department director shall approve a test and evaluation if:
 1. The test and evaluation does not pose a threat to the public health, safety, or welfare;
 2. The test is necessary to evaluate the safest and most current advances in medical treatments, procedures, techniques, practices, medications, or equipment; and
 3. The medical treatment, procedure, technique, practice, medication, or piece of equipment being tested and evaluated may:
 - a. Reduce or eliminate the use of outdated or obsolete medical treatments, procedures, techniques, practices, medications, or equipment;
 - b. Improve patient care; or
 - c. Benefit the public's health, safety, or welfare.
- E. Within 180 days of receiving a written request for testing and evaluation that contains all of the information in subsection (C), the Department director shall send written notification of

approval or denial of the test and evaluation to the individual making the request.

- F. Upon completion of a test and evaluation authorized by the Department director, the person conducting the test and evaluation shall submit a written report to the Department director that includes:
 1. An identification of the test and evaluation;
 2. A detailed evaluation of the test; and
 3. A recommendation regarding future use of the medical treatment, procedure, technique, practice, medication, or piece of equipment tested and evaluated.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4895, effective October 5, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4).

R9-25-807. Protocol for an EMT-P to Practice Knowledge and Skills in a Hazardous Materials Incident

- A. In this Section:
 1. "Hazardous materials" has the same meaning as in A.R.S. § 26-301.
 2. "Hazardous materials incident" has the same meaning as in A.R.S. § 26-301.
 3. "Drug" has the same meaning as in A.R.S. § 32-1901.
- B. An EMT-P is authorized to perform a medical treatment or administer a drug when responding to a hazardous materials incident only after meeting the hazardous materials training requirements in subsection (C) or (D).
- C. An EMT-P shall complete hazardous materials training that:
 1. Includes at least 16 clock hours covering the:
 - a. Principles of managing a hazardous materials incident;
 - b. Role of medical direction in the management of a hazardous materials incident;
 - c. Human and material resources necessary for the management of a hazardous materials incident;
 - d. Procedures and equipment necessary for personal protection in a hazardous materials incident;
 - e. Medical monitoring of emergency workers responding to a hazardous materials incident;
 - f. Types of hazardous materials to which an emergency medical patient may be exposed, including the toxicity and the signs and symptoms of each type;
 - g. Routes by which an emergency medical patient may be exposed to a hazardous material;
 - h. Decontamination of an emergency medical patient exposed to a hazardous material;
 - i. Assessment of an emergency medical patient exposed to a hazardous material, including a patient history and a physical examination of the patient;
 - j. Medical management of an emergency medical patient exposed to each type of hazardous material;
 - k. Possible contents of a hazardous materials drug box; and
 - l. Pharmacokinetics of drugs which may be included in a hazardous materials drug box;
 2. Requires the EMT-P to demonstrate competency in the subject matter listed in subsection (C)(1); and
 3. Is approved by the EMT-P's administrative medical director based upon a determination that the hazardous materials training meets the requirements in subsections (C)(1) and (C)(2).

- D. Every 24 months after meeting the requirements in subsection (C), an EMT-P shall complete hazardous materials training that:
 - 1. Includes subject matter listed in subsection (C)(1),
 - 2. Requires the EMT-P to demonstrate competency in the subject matter completed, and
 - 3. Is approved by the EMT-P's administrative medical director based upon a determination that the hazardous materials training meets the requirements in subsections (D)(1) and (D)(2).
- E. An administrative medical director of an EMT-P who completes hazardous materials training required in subsection (C) or (D) shall:
 - 1. Maintain for Department review and inspection written evidence that the EMT-P has completed hazardous materials training required in subsection (C) or (D), including at least:
 - a. The name of the hazardous materials training,
 - b. The date the hazardous materials training was completed, and
 - c. A signed and dated attestation from the administrative medical director that the hazardous materials training is approved; and
 - 2. Ensure that the EMT-P submits to each emergency medical services provider or ambulance service for which the EMT-P is acting as an EMT-P, the written evidence specified in subsections (E)(1)(a) and (E)(1)(b).
- F. An EMT-P authorized under this Section to perform a medical treatment or administer a drug when responding to a hazardous materials incident may carry and administer drugs authorized under medical direction.

Historical Note

New Section made by exempt rulemaking at 8 A.A.R. 2633, effective June 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4).

R9-25-808. Protocol for an EMT-B to Perform Endotracheal Intubation

- A. Endotracheal intubation performed by an EMT-B is an advanced procedure that requires medical direction.
- B. An EMT-B is authorized to perform endotracheal intubation only after completing training that:
 - 1. Meets all requirements established in the EMT-B Endotracheal Intubation Training Curriculum, dated January 1, 2004, incorporated by reference and on file with the Department, including no future editions or amendments; and available from the Department's Bureau of Emergency Medical Services; and
 - 2. Is approved by the EMT-B's administrative medical director.
- C. An EMT-B shall perform endotracheal intubation as:
 - 1. Prescribed in the EMT-B Endotracheal Intubation Training Curriculum, and
 - 2. Authorized by the EMT-B's administrative medical director.
- D. The administrative medical director shall be responsible for quality assurance and skill maintenance, and shall record and maintain a record of the EMT-B's performance of endotracheal intubation.

Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4).

ARTICLE 9. GROUND AMBULANCE CERTIFICATE OF NECESSITY

R9-25-901. Definitions (A.R.S. § 36-2202 (A))

In addition to the definitions in R9-25-101, the following definitions apply in Articles 9, 10, 11, and 12 unless otherwise specified:

1. "Adjustment" means a modification, correction, or alteration to a rate or charge.
2. "ALS" has the same meaning as in R9-25-101(8).
3. "ALS base rate" means the monetary amount assessed to a patient according to A.R.S. § 36-2239(F).
4. "Ambulance attendant" has the same meaning as in A.R.S. § 36-2201(4).
5. "Ambulance Revenue and Cost Report" means Exhibit A or Exhibit B, which records and reports the financial activities of an applicant or a certificate holder.
6. "Applicant" means:
 - a. An individual, if a sole proprietorship;
 - b. The corporation's officers, if a corporation;
 - c. The managing partner, if a partnership or limited liability partnership;
 - d. The designated manager, or if no manager is designated, the members of the limited liability company, if a limited liability company;
 - e. The designated representative of a public corporation that has controlling legal or equitable interest and authority in a ground ambulance service;
 - f. The designated representative of a political subdivision that has controlling legal or equitable interest and authority in a ground ambulance service; or
 - g. The designated representative of a government agency that has controlling legal or equitable interest and authority in a ground ambulance service.
7. "Application packet" means the fee, documents, forms, and additional information the Department requires to be submitted by an applicant or on an applicant's behalf.
8. "Back-up agreement" means a written arrangement between a certificate holder and a neighboring certificate holder for temporary coverage during limited times when the neighboring certificate holder's ambulances are not available for service in its service area.
9. "BLS" has the same meaning as in R9-25-101(13).
10. "BLS base rate" means the monetary amount assessed to a patient according to A.R.S. § 36-2239(G).
11. "Certificate holder" means a person to whom the Department issues a certificate of necessity.
12. "Certificate of necessity" has the same meaning as in A.R.S. § 36-2201(8).
13. "Certificate of registration" means an authorization issued by the Department to a certificate holder to operate a ground ambulance vehicle.
14. "Change of ownership" means:
 - a. In the case of ownership by a sole proprietor, 20% or more interest or a beneficial interest is sold or transferred;
 - b. In the case of ownership by a partnership or a private corporation, 20% or more of the stock, interest, or beneficial interest is sold or transferred; or
 - c. The controlling influence changes to the extent that the management and control of the ground ambulance service is significantly altered.
15. "Charge" means the monetary amount assessed to a patient for disposable supplies, medical supplies, medication, and oxygen-related costs.
16. "Chassis" means the part of a ground ambulance vehicle consisting of all base components, including the frame, front and rear suspension, exhaust system, brakes, engine,

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- engine hood or cover, transmission, front and rear axles, front fenders, drive train and shaft, fuel system, engine air intake and filter, accelerator pedal, steering wheel, tires, heating and cooling system, battery, and operating controls and instruments.
17. “Convalescent transport” means a scheduled transport other than an interfacility transport.
 18. “Day” means calendar day.
 19. “Dispatch” means the direction to a ground ambulance service or vehicle to respond to a call for EMS or transport.
 20. “Driver’s compartment” means the part of a ground ambulance vehicle that contains the controls and instruments for operation of the ground ambulance vehicle.
 21. “Emergency medical services” or “EMS” has the same meaning as in A.R.S. § 36-2201(14).
 22. “EMT” has the same meaning as in R9-25-101(31).
 23. “Financial statements” means an applicant’s balance sheet, annual income statement, and annual cash flow statement.
 24. “Fit and proper” has the same meaning as in A.R.S. § 36-2201(19).
 25. “Frame” means the structural foundation on which a ground ambulance vehicle chassis is constructed.
 26. “General public rate” means the monetary amount assessed to a patient by a ground ambulance service for ALS, BLS, mileage, standby waiting, or according to a subscription service contract.
 27. “Generally accepted accounting principles” means the conventions, and rules and procedures for accounting, including broad and specific guidelines, established by the Financial Accounting Standards Board.
 28. “Goodwill” means the difference between the purchase price of a ground ambulance service and the fair market value of the ground ambulance service’s identifiable net assets.
 29. “Gross revenue” means:
 - a. The sum of revenues reported in the Ambulance Revenue and Cost Report Exhibit A, page 2, lines 1, 9, and 20; or
 - b. The sum of revenues reported in the Ambulance Revenue and Cost Report Exhibit B, page 3, lines 1, 24, 25, and 26.
 30. “Ground ambulance service” means an ambulance service that operates on land.
 31. “Ground ambulance service contract” means a written agreement between a certificate holder and a person for the provision of ground ambulance service.
 32. “Ground ambulance vehicle” means a motor vehicle, defined in A.R.S. § 28-101, specifically designed to transport ambulance attendants and patients on land.
 33. “Health care institution” has the same meaning as in A.R.S. § 36-401(A)(21).
 34. “Indirect costs” means the cost of providing ground ambulance service that does not include the costs of equipment.
 35. “Interfacility transport” means a scheduled transport between two health care institutions.
 36. “Level of service” means ALS or BLS ground ambulance service, including the type of ambulance attendants used by the ground ambulance service.
 37. “Major defect” means a condition that exists on a ground ambulance vehicle that requires the Department or the certificate holder to place the ground ambulance vehicle out-of-service.
 38. “Mileage rate” means the monetary amount assessed to a patient for each mile traveled from the point of patient pick-up to the patient’s destination point.
 39. “Minor defect” means a condition that exists on a ground ambulance vehicle that is not a major defect.
 40. “Needs assessment” means a study or statistical analysis that examines the need for ground ambulance service within a service area or proposed service area that takes into account the current or proposed service area’s medical, fire, and police services.
 41. “Out-of-service” means a ground ambulance vehicle cannot be operated to transport patients.
 42. “Patient” means an individual who is sick, injured, or wounded or who requires medical monitoring, medical treatment, or transport.
 43. “Patient compartment” means the ground ambulance vehicle body part that holds a patient.
 44. “Person” has the same meaning as in A.R.S. § 1-215(28) and includes a political subdivision or governmental agency.
 45. “Public necessity” means an identified population needs or requires all or part of the services of a ground ambulance service.
 46. “Response code” means the priority assigned to a request for immediate dispatch by a ground ambulance service on the basis of the information available to the certificate holder or the certificate holder’s dispatch authority.
 47. “Response time” means the difference between the time a certificate holder is notified that a need exists for immediate dispatch and the time the certificate holder’s first ground ambulance vehicle arrives at the scene. Response time does not include the time required to identify the patient’s need, the scene, and the resources necessary to meet the patient’s need.
 48. “Response-time tolerance” means the percentage of actual response times for a response code and scene locality that are compliant with the response time approved by the Department for the response code and scene locality, for any 12-month period.
 49. “Rural area” means a geographic region with a population of less than 40,000 residents that is not a suburban area.
 50. “Scene” means the location of the patient or the closest point to the patient at which the ground ambulance vehicle can arrive.
 51. “Scene locality” means an urban, suburban, rural, or wilderness area.
 52. “Scheduled transport” means to convey a patient at a pre-arranged time by a ground ambulance vehicle for which an immediate dispatch and response is not necessary.
 53. “Service area” means the geographical boundary designated in a certificate of necessity using the criteria in A.R.S. § 36-2233(E).
 54. “Settlement” means the difference between the monetary amount Medicare establishes or AHCCCS pays as an allowable rate and the general public rate a ground ambulance service assesses a patient.
 55. “Standby waiting rate” means the monetary amount assessed to a patient by a certificate holder when a ground ambulance vehicle is required to wait in excess of 15 minutes to load or unload the patient, unless the excess delay is caused by the ground ambulance vehicle or the ambulance attendants on the ground ambulance vehicle.
 56. “Suboperation station” has the same meaning as in A.R.S. § 36-2201(25).

57. "Subscription service" means the provision of EMS or transport by a certificate holder to a group of individuals within the certificate holder's service area and the allocation of annual costs among the group of individuals.
 58. "Subscription service contract" means a written agreement for subscription service.
 59. "Subscription service rate" means the monetary amount assessed to a person under a subscription service contract.
 60. "Substandard performance" means a certificate holder's:
 - a. Noncompliance with A.R.S. Title 36, Chapter 21.1, Articles 1 and 2, or 9 A.A.C. 25, or the terms of the certificate holder's certificate of necessity, including all decisions and orders issued by the Director to the certificate holder;
 - b. Failure to ensure that an ambulance attendant complies with A.R.S. Title 36, Chapter 21.1, Articles 1 and 2, or 9 A.A.C. 25, for the level of ground ambulance service provided by the certificate holder; or
 - c. Failure to meet the requirements in 9 A.A.C. 25, Article 10.
 61. "Suburban area" means a geographic region within a 10-mile radius of an urban area that has a population density equal to or greater than 1,000 residents per square mile.
 62. "Third-party payor" means a person, other than a patient, who is financially responsible for the payment of a patient's assessed general public rates and charges for EMS or transport provided to the patient by a ground ambulance service.
 63. "Transfer" means:
 - a. A change of ownership or type of business entity; or
 - b. To move a patient from a ground ambulance vehicle to an air ambulance.
 64. "Transport" means the conveyance of one or more patients in a ground ambulance vehicle from the point of patient pick-up to the patient's initial destination.
 65. "Type of ground ambulance service" means an interfacility transport, a convalescent transport, or a transport that requires an immediate response.
 66. "Urban area" means a geographic region delineated as an urbanized area by the United States Department of Commerce, Bureau of the Census.
 67. "Wilderness area" means a geographic region that has a population density of less than one resident per square mile.
- iii. The individual to contact to access the ground ambulance service's records required in R9-25-910; and
 - iv. The statutory agent for the ground ambulance service, if applicable;
 - c. The name, address, and telephone number of the base hospital or centralized medical direction communications center for the ground ambulance service;
 - d. The address and telephone number of the ground ambulance service's dispatch center;
 - e. The address and telephone number of each suboperation station located within the proposed service area;
 - f. Whether the ground ambulance service is a corporation, partnership, sole proprietorship, limited liability corporation, or other;
 - g. Whether the business entity is proprietary, non-profit, or governmental;
 - h. A description of the communication equipment to be used in each ground ambulance vehicle and suboperation station;
 - i. The make and year of each ground ambulance vehicle to be used by the ground ambulance service;
 - j. The number of ambulance attendants and the type of licensure, certification, or registration for each attendant;
 - k. The proposed hours of operation for the ground ambulance service;
 - l. The type of ground ambulance service;
 - m. The level of ground ambulance service;
 - n. Acknowledgment that the applicant:
 - i. Is requesting to operate ground ambulance vehicles and a ground ambulance service in this state;
 - ii. Has received a copy of 9 A.A.C. 25 and A.R.S. Title 36, Chapter 21.1; and
 - iii. Will comply with the Department's statutes and rules in any matter relating to or affecting the ground ambulance service;
 - o. A statement that any information or documents submitted to the Department are true and correct; and
 - p. The signature of the applicant or the applicant's designated representative;

2. The following information:

- a. Where the ground ambulance vehicles in subsection (A)(1)(i) are located within the applicant's proposed service area;
- b. A statement of the proposed general public rates;
- c. A statement of the proposed charges;
- d. The applicant's proposed response times, response codes, and response-time tolerances for each scene locality in the proposed service area, based on the following:
 - i. The population demographics within the proposed service area;
 - ii. The square miles within the proposed service area;
 - iii. The medical needs of the population within the proposed service area;
 - iv. The number of anticipated requests for each type and level of ground ambulance service in the proposed service area;
 - v. The available routes of travel within the proposed service area;

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-902. Application for an Initial Certificate of Necessity; Provision of ALS Services; Transfer of a Certificate of Necessity (A.R.S. §§ 36-2204, 36-2232, 36-2233(B), 36-2236(A) and (B), 36-2240)

- A.** An applicant for an initial certificate of necessity shall submit to the Department an application packet that includes:
1. An application form that contains:
 - a. The legal business or corporate name, address, telephone number, and facsimile number of the ground ambulance service;
 - b. The name, title, address, and telephone number of the following:
 - i. Each applicant and individual responsible for managing the ground ambulance service;
 - ii. The business representative or designated manager;

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- vi. The geographic features and environmental conditions within the proposed service area; and
 - vii. The available medical and emergency medical resources within the proposed service area;
 - e. A plan to provide temporary ground ambulance service to the proposed service area for a limited time when the applicant is unable to provide ground ambulance service to the proposed service area;
 - f. Whether a ground ambulance service currently operates in all or part of the proposed service area and if so, where; and
 - g. Whether an applicant or a designated manager:
 - i. Has ever been convicted of a felony or a misdemeanor involving moral turpitude;
 - ii. Has ever had a license or certificate of necessity for a ground ambulance service suspended or revoked by any state or political subdivision; or
 - iii. Has ever operated a ground ambulance service without the required certification or licensure in this or any other state;
 - 3. The following documents:
 - a. A description of the proposed service area by any method specified in A.R.S. § 36-2233(E) and a map that illustrates the proposed service area;
 - b. A projected Ambulance Revenue and Cost Report;
 - c. The financing agreement for all capital acquisitions exceeding \$5,000;
 - d. The source and amount of funding for cash flow from the date the ground ambulance service commences operation until the date cash flow covers monthly expenses;
 - e. Any proposed ground ambulance service contract under A.R.S. §§ 36-2232(A)(1) and 36-2234(K);
 - f. The information and documents specified in R9-25-1101, if the applicant is requesting to establish general public rates;
 - g. Any subscription service contract under A.R.S. §§ 36-2232(A)(1) and 36-2237(B);
 - h. A certificate of insurance or documentation of self-insurance required in A.R.S. § 36-2237(A) and R9-25-909;
 - i. A surety bond if required under A.R.S. § 36-2237(B); and
 - j. The applicant's and designated manager's resume or other description of experience and qualification to operate a ground ambulance service; and
 - 4. Any documents, exhibits, or statements that may assist the Director in evaluating the application or any other information or documents needed by the Director to clarify incomplete or ambiguous information or documents.
- B.** Before an applicant provides ALS, the applicant shall submit to the Department the application packet required in subsection (A) and the following:
- 1. A current written contract for ALS medical direction; and
 - 2. Proof of professional liability insurance for ALS personnel required in R9-25-909(A)(1)(b).
- C.** When requesting a transfer of a certificate of necessity:
- 1. The person wanting to transfer the certificate of necessity shall submit a letter to the Department that contains:
 - a. A request that the certificate of necessity be transferred; and
 - b. The name of the person to whom the certificate of necessity is to be transferred; and
 - 2. The person identified in subsection (C)(1)(b) shall submit:
 - a. The application packet in subsection (A); and
 - b. The information in subsection (B), if ALS is provided.
- D.** An applicant shall submit the following fees:
- 1. \$100 application filing fee for an initial certificate of necessity; or
 - 2. \$50 application filing fee for a transfer of a certificate of necessity.
- E.** The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.
- Historical Note**
New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).
- R9-25-903. Determining Public Necessity (A.R.S. § 36-2233(B)(2))**
- A.** In determining public necessity for an initial or amended certificate of necessity, the Director shall consider the following:
- 1. The response times, response codes, and response-time tolerances proposed by the applicant for the service area;
 - 2. The population demographics within the proposed service area;
 - 3. The geographic distribution of health care institutions within and surrounding the service area;
 - 4. Whether issuing a certificate of necessity to more than one ambulance service within the same service area is in the public's best interest, based on:
 - a. The existence of ground ambulance service to all or part of the service area;
 - b. The response times of and response-time tolerances for ground ambulance service to all or part of the service area;
 - c. The availability of certificate holders in all or part of the service area; and
 - d. The availability of emergency medical services in all or part of the service area;
 - 5. The information in R9-25-902(A)(1) and (A)(2); and
 - 6. Other matters determined by the Director or the applicant to be relevant to the determination of public necessity.
- B.** In deciding whether to issue a certificate of necessity to more than one ground ambulance service for convalescent or interfacility transport for the same service area or overlapping service areas, the Director shall consider the following:
- 1. The factors in subsections (A)(2), (A)(3), (A)(4)(a), (A)(4)(c), (A)(4)(d), (A)(5), and (A)(6);
 - 2. The financial impact on certificate holders whose service area includes all or part of the service area in the requested certificate of necessity;
 - 3. The need for additional convalescent or interfacility transport; and
 - 4. Whether a certificate holder for the service area has demonstrated substandard performance.
- C.** In deciding whether to issue a certificate of necessity to more than one ground ambulance service for a 9-1-1 or similarly dispatched transport within the same service area or overlapping service areas, the Director shall consider the following:
- 1. The factors in subsections (A), (B)(2), and (B)(4);
 - 2. The difference between the response times in the service area and proposed response times by the applicant;
 - 3. A needs assessment adopted by a political subdivision, if any; and
 - 4. A needs assessment, referenced in A.R.S. § 36-2210, adopted by a local emergency medical services coordinating system, if any.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-904. Application for Renewal of a Certificate of Necessity (A.R.S. §§ 36-2233, 36-2235, 36-2240)

- A. An applicant for a renewal of a certificate of necessity shall submit to the Department, not less than 60 days before the expiration date of the certificate of necessity, an application packet that includes:
1. An application form that contains the information in R9-25-902(A)(1)(a) through (A)(1)(m) and the signature of the applicant;
 2. Proof of continuous insurance coverage or a statement of continuing self-insurance, including a copy of the current certificate of insurance or current statement of self-insurance required in R9-25-909;
 3. Proof of continued coverage by a surety bond if required under A.R.S. §§ 36-2237(B);
 4. A copy of the list of current charges required in R9-25-1109;
 5. An affirmation that the certificate holder has and is continuing to meet the conditions of the certificate of necessity, including assessing only those rates and charges approved and set by the Director; and
 6. \$50 application filing fee.
- B. A certificate holder who fails to file a timely application for renewal of the certificate of necessity according to A.R.S. § 36-2235 and this Section, shall cease operations at 12:01 a.m. on the date the certificate of necessity expires.
- C. To commence operations after failing to file a timely renewal application, a person shall file an initial certificate of necessity application according to R9-25-902 and meet all the requirements for an initial certificate of necessity.
- D. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-905. Application for Amendment of a Certificate of Necessity (A.R.S. §§ 36-2232(A)(4), 36-2240)

- A. A certificate holder that wants to amend its certificate of necessity shall submit to the Department the application form in R9-25-902(A)(1) and an application filing fee of \$50 for changes in:
1. The legal name of the ground ambulance service;
 2. The legal address of the ground ambulance service;
 3. The level of ground ambulance service;
 4. The type of ground ambulance service;
 5. The service area; or
 6. The response times, response codes, or response-time tolerances.
- B. In addition to the application form in subsection (A), an amending certificate holder shall submit:
1. For the addition of ALS ground ambulance service, the information required in R9-25-902(B)(1) and (B)(2).
 2. For a change in the service area, the information required in R9-25-902(A)(3)(a);
 3. For a change in response times, the information required in subsection R9-25-902(A)(2)(d);
 4. A statement explaining the financial impact and impact on patient care anticipated by the proposed amendment;
 5. Any other information or documents requested by the Director to clarify incomplete or ambiguous information or documents; and

6. Any documents, exhibits, or statements that the amending certificate holder wishes to submit to assist the Director in evaluating the proposed amendment.

- C. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-906. Determining Response Times, Response Codes, and Response-Time Tolerances for Certificates of Necessity and Provision of ALS Services (A.R.S. §§ 36-2232, 36-2233)

In determining response times, response codes, and response-time tolerances for all or part of a service area, the Director may consider the following:

1. Differences in scene locality, if applicable;
2. Requirements of a 9-1-1 or similar dispatch system for all or part of the service area;
3. Requirements in a contract approved by the Department between a ground ambulance service and a political subdivision;
4. Medical prioritization for the dispatch of a ground ambulance vehicle according to procedures established by the certificate holder's medical direction authority; and
5. Other matters determined by the Director to be relevant to the measurement of response times, response codes, and response-time tolerances.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-907. Observance of Service Area; Exceptions (A.R.S. § 36-2232)

A certificate holder shall not provide EMS or transport within an area other than the service area identified in the certificate holder's certificate of necessity except:

1. When authorized by a service area's dispatch, before the service area's ground ambulance vehicle arrives at the scene; or
2. According to a back-up agreement.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-908. Transport Requirements; Exceptions (A.R.S. §§ 36-2224, 36-2232)

A certificate holder shall transport a patient except:

1. As limited by A.R.S. § 36-2224;
2. If the patient is in a health care institution and the patient's medical condition requires a level of care or monitoring during transport that exceeds the scope of practice of the ambulance attendants' certification;
3. If the transport may result in an immediate threat to the ambulance attendant's safety, as determined by the ambulance attendant, certificate holder, or medical direction authority;
4. If the patient is more than 17 years old and refuses to be transported; or
5. If the patient is in a health care institution and does not meet the federal requirements for medically necessary ground vehicle ambulance transport as identified in 42 CFR 410.40.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-909. Certificate of Insurance or Self-Insurance (A.R.S. §§ 36-2232, 36-2233, 36-2237)

- A.** A certificate holder shall:
1. Maintain with an insurance company authorized to transact business in this state:
 - a. A minimum single occurrence automobile liability insurance coverage of \$500,000 for ground ambulance vehicles; and
 - b. A minimum single occurrence malpractice or professional liability insurance coverage of \$500,000; or
 2. Be self-insured for the amounts in subsection (A)(1).
- B.** A certificate holder shall submit to the Department:
1. A copy of the certificate of insurance; or
 2. Documentation of self-insurance.
- C.** A certificate holder shall submit a copy of the certificate of insurance to the Department no later than five days after the date of issuance of:
1. A renewal of the insurance policy; or
 2. A change in insurance coverage or insurance company.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-910. Record and Reporting Requirements (A.R.S. §§ 36-2232, 36-2241, 36-2246)

- A.** A certificate holder shall submit to the Department, no later than 180 days after the certificate holder's fiscal year end, the appropriate Ambulance Revenue and Cost Report.
- B.** According to A.R.S. § 36-2241, a certificate holder shall maintain the following records for the Department's review and inspection:
1. The certificate holder's financial statements;
 2. All federal and state income tax records;
 3. All employee-related expense reports and payroll records;
 4. All bank statements and documents verifying reconciliation;
 5. All documents establishing the depreciation of assets, such as schedules or accounting records on ground ambulance vehicles, equipment, office furniture, and other plant and equipment assets subject to depreciation;
 6. All first care forms required in R9-25-514 and R9-25-615;
 7. All patient billing and reimbursement records;
 8. All dispatch records, including the following:
 - a. The name of the ground ambulance service;
 - b. The month of the record;
 - c. The date of each transport;
 - d. The number assigned to the ground ambulance vehicle by the certificate holder;
 - e. Names of the ambulance attendants;
 - f. The scene;
 - g. The actual response time;
 - h. The response code;
 - i. The scene locality;
 - j. Whether the scene to which the ground ambulance vehicle is dispatched is outside of the certificate holder's service area; and
 - k. Whether the dispatch is a scheduled transport;
 9. All ground ambulance service back-up agreements, contracts, grants, and financial assistance records related to ground ambulance vehicles, EMS, and transport;
 10. All written ground ambulance service complaints; and

11. Information about destroyed or otherwise irretrievable records in a file including:
 - a. A list of each record destroyed or otherwise irretrievable;
 - b. A description of the circumstances under which each record became destroyed or otherwise irretrievable; and
 - c. The date each record was destroyed or became otherwise irretrievable.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-911. Ground Ambulance Service Advertising (A.R.S. § 36-2232)

- A.** A certificate holder shall not advertise that it provides a type or level of ground ambulance service or operates in a service area different from that granted in the certificate of necessity.
- B.** When advertising, a certificate holder shall not direct the circumvention of the use of 9-1-1 or another similarly designated emergency telephone number.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-912. Disciplinary Action (A.R.S. §§ 36-2244, 36-2245)

- A.** After notice and opportunity to be heard is given according to the procedures in A.R.S. Title 41, Chapter 6, Article 10, a certificate of necessity may be suspended, revoked, or other disciplinary action taken for the following reasons:
1. The certificate holder has:
 - a. Demonstrated substandard performance; or
 - b. Been determined not to be fit and proper by the Director;
 2. The certificate holder has provided false information or documents:
 - a. On an application for a certificate of necessity;
 - b. Regarding any matter relating to its ground ambulance vehicles or ground ambulance service; or
 - c. To a patient, third-party payor, or other person billed for service; or
 3. The certificate holder has failed to:
 - a. Comply with the applicable requirements of A.R.S. Title 36, Chapter 21.1, Articles 1 and 2 or 9 A.A.C. 25; or
 - b. Comply with any term of its certificate of necessity or any rates and charges schedule filed by the certificate holder and approved by the Department.
- B.** In determining the type of disciplinary action to impose under A.R.S. § 36-2245, the Director shall consider:
1. The severity of the violation relative to public health and safety;
 2. The number of violations relative to the annual transport volume of the certificate holder;
 3. The nature and circumstances of the violation;
 4. Whether the violation was corrected, the manner of correction, and the time-frame involved; and
 5. The impact of the penalty or assessment on the provision of ground ambulance service in the certificate holder's service area.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

ARTICLE 10. GROUND AMBULANCE VEHICLE REGISTRATION

R9-25-1001. Initial and Renewal Application for a Certificate of Registration (A.R.S. §§ 36-2212, 36-2232, 36-2240)

- A. A person applying for an initial or renewal certificate of registration of a ground ambulance vehicle shall submit an application form to the Department that contains:
1. The applicant's legal business or corporate name;
 2. The applicant's mailing address, physical address of the business, and business, facsimile, and emergency telephone numbers;
 3. The identifying information of the ground ambulance vehicle, including:
 - a. The make of the ground ambulance vehicle;
 - b. The ground ambulance vehicle manufacture year;
 - c. The ground ambulance vehicle identification number;
 - d. The unit number of the ground ambulance vehicle;
 - e. The ground ambulance vehicle's state license number; and
 - f. The location at which the ground ambulance vehicle will be available for inspection;
 4. The identification number of the certificate of necessity to which the ground ambulance vehicle is registered;
 5. The name and telephone number of the person to contact to arrange for inspection, if the inspection is pre-announced; and
 6. The signature of the applicant or applicant's designated representative.
- B. Under A.R.S. § 36-2232(A)(11), the Department shall inspect each ambulance before an initial certificate of registration is issued by the Department.
- C. Under A.R.S. § 36-2232(A)(11), the Department shall either inspect an ambulance or receive an inspection report that meets the requirements in this Article by a Department-approved inspection facility before a renewal certificate of registration is issued by the Department.
- D. An applicant shall submit the following fees:
1. \$50 application filing fee for an initial certificate of registration;
 2. \$200 annual regulatory fee for each ground ambulance vehicle issued a certificate of registration; and
 3. \$50 application filing fee for the renewal of a certificate of registration.
- E. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1002. Minimum Standards for Ground Ambulance Vehicles (A.R.S. § 36-2202(A)(5))

An applicant for a certificate of registration or certificate holder shall ensure a ground ambulance vehicle is equipped with the following:

1. An engine intake air cleaner that meets the ground ambulance vehicle manufacturer's engine specifications;
2. A brake system that meets the requirements in A.R.S. § 28-952;
3. A cooling system in the engine compartment that maintains the engine temperature operating range required to prevent damage to the ground ambulance vehicle engine;
4. A battery:
 - a. With no leaks, corrosion, or other visible defects; and
5. As measured by a voltage meter, capable of generating:
 - i. 12.6 volts at rest; and
 - ii. 13.2 to 14.2 volts on high idle with all electrical equipment turned on;
6. A wiring system in the engine compartment designed to prevent the wire from being cut by or tangled in the engine or hood;
7. Hoses, belts, and wiring with no visible defects;
8. An electrical system capable of maintaining a positive charge while the ground ambulance vehicle is stationary and operating at high idle with headlights, running lights, patient compartment lights, environmental systems, and all warning devices turned on;
9. An exhaust pipe, muffler, and tailpipe under the ground ambulance vehicle and securely attached to the chassis;
10. A frame capable of supporting the gross vehicle weight of the ground ambulance vehicle;
11. A horn that meets the requirements in A.R.S. § 28-954(A);
12. A siren that meets the requirements in A.R.S. § 28-954(E);
13. A front bumper that is positioned at the forward-most part of the ground ambulance vehicle extending to the ground ambulance vehicle's outer edges;
14. A fuel cap of a type specified by the manufacturer for each fuel tank;
15. A steering system to include:
 - a. Power-steering belts free from frays, cracks, or slippage;
 - b. Power-steering that is free from leaks;
 - c. Fluid in the power-steering system that fills the reservoir between the full level and the add level indicator on the dipstick; and
 - d. Bracing extending from the center of the steering wheel to the steering wheel ring that is not cracked;
16. Front and rear shock absorbers that are free from leaks;
17. Tires on each axle that:
 - a. Are properly inflated;
 - b. Are of equal size, equal ply ratings, and equal type;
 - c. Are free of bumps, knots, or bulges;
 - d. Have no exposed ply or belting; and
 - e. Have tread groove depth equal to or more than 4/32";
18. An air cooling system capable of achieving and maintaining a 20° F difference between the air intake and the cool air outlet;
19. Air cooling and heater hoses secured in all areas of the ground ambulance vehicle and chassis to prevent wear due to vibration;
20. Body free of damage or rust that interferes with the physical operation of the ground ambulance vehicle or creates a hole in the driver's compartment or the patient compartment;
21. Windshield defrosting and defogging equipment;
22. Emergency warning lights that provide 360° conspicuity;
23. At least one 5-lb. ABC dry, chemical, multi-purpose fire extinguisher in a quick release bracket with a current inspection tag;
24. A heating system capable of achieving and maintaining a temperature of not less than 68° F in the patient compartment within 30 minutes;
25. Sides of the ground ambulance vehicle insulated and sealed to prevent dust, dirt, water, carbon monoxide, and gas fumes from entering the interior of the patient compartment and to reduce noise;

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25. Padding over exit areas from the patient compartment and over sharp edges in the patient compartment;
 26. Secured interior equipment and other objects;
 27. When present, hangers or supports for equipment mounted not to protrude more than 2 inches when not in use;
 28. Functional lamps and signals, including:
 - a. Bright and dim headlamps,
 - b. Brake lamps,
 - c. Parking lamps,
 - d. Backup lamps,
 - e. Tail lamps,
 - f. Turn signal lamps,
 - g. Side marker lamps,
 - h. Hazard lamps,
 - i. Patient loading door lamps and side spot lamps,
 - j. Spot lamp in the driver's compartment and within reach of the ambulance attendant, and
 - k. Patient compartment interior lamps;
 29. Side-mounted rear vision mirrors and wide vision mirror mounted on, or attached to, the side-mounted rear vision mirrors;
 30. A patient loading door that permits the safe loading and unloading of a patient occupying a stretcher in a supine position;
 31. Functional open door securing devices on a patient loading door;
 32. Patient compartment upholstery free of cuts or tears and capable of being disinfected;
 33. A seat belt installed for each seat in the driver's compartment;
 34. Belts or devices installed on a stretcher to be used to secure a patient;
 35. A seat belt installed for each seat in the patient compartment;
 36. A crash stable side or center mounting fastener of the quick release type to secure a stretcher to a ground ambulance vehicle;
 37. Windshield and windows free of obstruction;
 38. A windshield free from unrepaired starred cracks and line cracks that extend more than 1 inch from the bottom and sides of the windshield or that extend more than 2 inches from the top of the windshield;
 39. A windshield-washer system that applies enough cleaning solution to clear the windshield;
 40. Operable windshield wipers with a minimum of two speeds;
 41. Functional hood latch for the engine compartment;
 42. Fuel system with fuel tanks and lines that meets manufacturer's specifications;
 43. Suspension system that meets the ground ambulance vehicle manufacturer's specifications;
 44. Instrument panel that meets the ground ambulance vehicle manufacturer's specifications; and
 45. Wheels that meet and are mounted according to manufacturer's specifications.
2. Wide-bore tubing, a rigid pharyngeal curved suction tip, and a flexible suction catheter in each of the following French sizes: 5, 10, and 14;
 3. One fixed and one portable oxygen cylinder, each with a variable flow regulator;
 4. Oxygen administration equipment including: tubing, two adult-size and two pediatric-size non-rebreather masks, and two adult-size and two pediatric-size nasal cannula;
 5. One adult-size, one child-size, and one infant-size hand-operated, disposable, self-expanding bag-valve with one of each size bag-valve mask;
 6. Two adult-size, two child-size, and two infant-size oropharyngeal airways;
 7. Two cervical immobilization devices;
 8. Two upper and two lower extremities splints;
 9. One traction splint;
 10. Two full-length spine boards;
 11. Supplies to secure a patient to a spine board;
 12. One cervical-thoracic spinal immobilization device for extrication;
 13. Two sterile burn sheets;
 14. Two triangular bandages;
 15. Two sterile multi-trauma dressings, 10" x 30" or larger;
 16. Four abdomen bandages, 5" x 7" or larger;
 17. Fifty non-sterile 4" x 4" gauze sponges;
 18. Ten non-sterile soft roller bandages, 4" or larger;
 19. Four non-sterile elastic roller bandages, 4" or larger;
 20. Four sterile occlusive dressings, 3" x 8" or larger;
 21. Two 2" or 3" adhesive tape rolls;
 22. A sterile obstetrical kit containing towels, 4" x 4" dressing, scissors, bulb suction, and clamps or tape for cord;
 23. One child-size, one adult-size, and one large adult-size sphygmomanometer;
 24. One stethoscope;
 25. One heavy duty scissors capable of cutting clothing, belts, or boots;
 26. Two blankets;
 27. Two sheets;
 28. Infection control materials, including two pairs of protective gloves, two gowns, two masks, two pairs of shoe coverings, two filtration masks, and two sets of protective eye wear; and
 29. At least three pairs of non-latex gloves.

B. In addition to the equipment and supplies in subsection (A), a ground ambulance vehicle equipped to provide ALS shall contain the drug box required in R9-25-803 and the following:

1. One of each of the following types of intravenous solution administration sets;
 - a. A set with blood tubing;
 - b. A set capable of delivering 60 drops per cc; and
 - c. A set capable of delivering 10 or 15 drops per cc;
2. Intravenous catheters of various sizes;
3. Venous tourniquet;
4. One endotracheal tube in each size from 3.0 mm to 9.0 mm;
5. One laryngoscope with one adult and one child blade;
6. One McGill forceps;
7. One scalpel;
8. One monitor defibrillator with paper;
9. Defibrillator pads or paddles, adult and pediatric;
10. Electrocardiogram leads;
11. Electrodes; and
12. One blood glucose testing kit.

C. A ground ambulance vehicle shall be equipped to provide, and capable of providing, voice communication between:

1. The ambulance attendant and the dispatch center,

Historical Note

New Section adopted by final rulemaking at 7 A.A.R.
1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1003. Minimum Equipment and Supplies For Ground Ambulance Vehicles (A.R.S. § 36-2202(A)(5))

- A.** A ground ambulance vehicle shall contain the following operational equipment and supplies:
1. A portable and a fixed suction apparatus;

2. The ambulance attendant and the ground ambulance service's assigned medical direction authority, and
3. The ambulance attendant in the patient compartment and the ground ambulance service's assigned medical direction authority.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R.
1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1004. Minimum Staffing Requirements for Ground Ambulance Vehicles (A.R.S. §§ 36-2201(4), 36-2202(A)(5))

When transporting a patient, a ground ambulance service shall staff a ground ambulance vehicle according to A.R.S. § 36-2202(I).

Historical Note

New Section adopted by final rulemaking at 7 A.A.R.
1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1005. Ground Ambulance Vehicle Inspection; Major and Minor Defects (A.R.S. §§ 36-2202(A)(5), 36-2212, 36-2232, 36-2234)

- A. A certificate holder shall make the ground ambulance vehicle, equipment, and supplies available for inspection at the request of the Director or the Director's authorized representative.
- B. If inspected by the Department, a certificate holder shall allow the Director or the Director's authorized representative to ride in or operate the ground ambulance vehicle being inspected.
- C. A certificate holder may request the Department to inspect all of the certificate holder's ground ambulance vehicles at the same date and location.
- D. A Department-approved inspection facility may inspect a ground ambulance vehicle under A.R.S. § 36-2232(A)(11).
- E. The Department classifies defects on a ground ambulance vehicle as major or minor as follows:

INSPECTION ITEM	MAJOR DEFECT	MINOR DEFECT
LAMPS:		
Emergency warning lights	Lack of 360° of conspicuity	Cracked, broken, or missing lens Inoperative lamps
Back-up lamps		Inoperative Cracked, broken, or missing lens
Brake lamps	Both inoperative	1 inoperative
Hazard lamps		Inoperative
Head lamps	Inoperative	High beam inoperative Low beam inoperative Inoperative dimmer switch
Loading lamps		Inoperative Cracked, broken, or missing lens
Parking lamps		Inoperative
Patient Compartment interior lamps	All lamps inoperative	Inoperative individual lamps Missing lens
Side marker lamps		Inoperative Cracked, broken, or missing lens
Spot lamp in driver's compartment		Inoperative
Tail lamps	Both inoperative	1 inoperative Cracked, broken, or missing lens
Turn signal lamps		Any turn signal lamp inoperative Cracked, broken, or missing lens
MECHANICAL, STRUCTURAL, ELECTRICAL:		
Bumpers		Loose or missing bumper
Defroster		Inoperative Ventilation system openings partially blocked
Electrical system	Does not comply with R9-25-1002(6)	
Engine compartment		Inoperative hood latch Deterioration of hoses, belts, or wiring Deterioration of battery hold-down clamps Corrosive acid buildup on battery terminals Incapable of generating voltage in compliance with R9-25-1002(4)(b)
Engine compartment wiring system		Does not comply with R9-25-1002(5)
Engine cooling system	Does not comply with R9-25-1002(3)	Leaks in system
Engine intake air cleaner		Does not comply with R9-25-1002(1)
Exhaust	Exhaust fumes in the patient or driver compartment	Exhaust pipe brackets not securely attached to the chassis and tailpipe End of tailpipe pinched or bent
Frame	Cracks in frame	

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Fuel system	Fuel tank not mounted according to manufacturer's specifications Fuel tank brackets cracked or broken Leaking fuel tanks or fuel lines Fuel caps missing or of a type not specified by the manufacturer	
Ground ambulance vehicle body	Damage or rust to the exterior of the ground ambulance vehicle, which interferes with the operation of the ground ambulance vehicle Damage resulting in a hole in the driver's compartment or the patient compartment Holes that may allow exhaust or dust to enter the patient compartment Bolts attaching body to chassis loose, broken, or missing	Damage resulting in cuts or rips to the exterior of the ground ambulance vehicle
Heating and air conditioning systems		Unsecured hoses Does not maintain minimum temperature required in R9-25-1002(23) and 1002(17)
Horn		Inoperative
Parking brake		Inoperative
Siren	Inoperative	
Steering	Steering wheel bracing cracked Inoperative	Power steering belts slipping Power steering belts cracked or frayed Fluid leaks Fluid does not fill the reservoir between the full level and the add level indicator on the dipstick
Suspension	Broken suspension parts U-bolts loose or missing	Bent suspension parts Leaking shock absorbers Cracks or breaks in shock absorber mounting brackets
Vehicle brakes	Inoperative	Fluid leaks
INTERIOR:		
Communication equipment	Lack of operative communication equipment	Inoperative communication equipment in the patient compartment
Edges		Presence of exposed sharp edges
Equipment	Inability to secure oxygen tanks	Inability to secure other equipment
Fire extinguisher	Absent	Not at full charge Expired inspection tag
Hangers		Supports or hangers protruding more than 2" when not in use
Instrument panel		Inoperative gauges, switches, or illumination
Padding		Missing padding over exits in the patient compartment
Patient compartment	Visible blood, body fluids, or tissue	Unrepaired cuts or holes in seats Missing pieces of floor covering
Seat belts and securing belts	Absence of seat belt or inoperative seat belt in the driver's compartment More than one inoperative seat belt in the patient compartment Absence of securing belts on a stretcher	Frayed seat belt or securing belt material One inoperative seat belt in the patient compartment
Stretcher fastener	Does not comply with R9-25-1002(36)	
EXTERIOR:		
Patient compartment doors	Completely or partially missing window panel	Inoperative open door securing devices Cracked window panels
Marking		Missing company identification Incorrect size or location

Mirrors	Exterior rear vision or wide vision mirrors missing	Cracked mirror glass Loose mounting bracket bolts or screws Broken mirrors Loose or broken mounting brackets Missing mounting bracket bolts or screws
Tires	Tires on each axle are not of equal size, equal ply ratings, and equal type Bumps, knots, or bulges on any tire Exposed ply or belting on any tire Flat tire on any wheel	Tread groove depth less than 4/32" measured in a tread groove on any tire
Wheels	Loose or missing lug nuts Broken lugs Cracked or bent rims	
Windows		Placement of nontransparent materials which obstruct view Cracked or broken
Windshield	Windshield that is obstructed Placement of nontransparent materials which obstruct view	Unrepaired starred cracks or line cracks extending more than 1 inch from the bottom or side of the windshield Unrepaired starred cracks or line cracks extending more than 2 inches from the top of the windshield
Windshield- washer system		Does not comply with R9-25-1002(39)
Windshield wipers	Inoperative wiper on driver's side	Inoperative speed control Split or cracked wiper blade Inoperative wiper on passenger's side

- F. If the Department determines that there is a major defect on the ground ambulance vehicle after inspection, the certificate holder shall take the ground ambulance vehicle out-of-service until the defect is corrected.
- G. If the Department finds a minor defect on the ground ambulance vehicle after inspection, the ground ambulance vehicle may be operated to transport patients for up to 15 days until the minor defect is corrected.
1. The Department may grant an extension of time to repair the minor defect upon a written request from the certificate holder detailing the reasons for the need of an extension of time.
 2. If the minor defect is not repaired within the time prescribed by the Department, and an extension has not been granted, the certificate holder shall take the ground ambulance vehicle out-of-service until the minor defect is corrected.
- H. Within 15 days of the date of repair of the major or minor defect, the certificate holder shall submit written notice of the repair to the Department.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R.
1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1006. Ground Ambulance Vehicle Identification (A.R.S. §§ 36-2212, 36-2232)

- A. A ground ambulance vehicle shall be marked on its sides with the certificate of registration applicant's legal business or corporate name with letters not less than 6 inches in height.
- B. A ground ambulance vehicle marked with a level of ground ambulance service shall be equipped and staffed to provide the level of ground ambulance service identified while in service.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R.
1098, effective February 13, 2001 (Supp. 01-1).

ARTICLE 11. GROUND AMBULANCE SERVICE GENERAL PUBLIC RATES AND CHARGES; CONTRACTS

R9-25-1101. Application for Establishment of Initial General Public Rates (A.R.S. §§ 36-2232, 36-2239)

- A. An applicant for a certificate of necessity or a certificate holder applying for initial general public rates shall submit an application packet to the Department that includes:
1. The applicant's name;
 2. The requested general public rates;
 3. A copy of the applicant's most recent financial statements or an Ambulance Revenue and Cost Report;
 4. For a consecutive 12-month period:
 - a. A projected income statement; and
 - b. A projected cash-flow statement;
 5. A list of all purchase agreements or lease agreements for real estate, ground ambulance vehicles, and equipment exceeding \$5,000 used in connection with the ground ambulance service, that includes the monetary amount and duration of each agreement;
 6. The identification of:
 - a. Each of the applicant's affiliations, such as a parent company or subsidiary owned or operated by the applicant; and
 - b. The methodology and calculations used in allocating costs among the applicant and government entities or profit or not-for-profit businesses;
 7. A copy of the applicant's contract with each federal or tribal entity for ground ambulance service, if applicable;
 8. Other documents, exhibits, or statements that may assist the Department in setting the general public rates;
 9. An attestation signed by the applicant that the information and documents provided by the applicant are true and correct; and
 10. Any other information or documents requested by the Director to clarify or complete the application.
- B. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R.
1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1102. Application for Adjustment of General Public Rates (A.R.S. §§ 36-2234, 36-2239)

- A. A certificate of necessity holder applying for an adjustment of general public rates not exceeding the monetary amount calculated according to A.R.S. § 36-2234(E) shall submit an application form to the Department that includes:
1. The name of the applicant;
 2. A statement that the applicant is making the request according to A.R.S. § 36-2234(E);
 3. A statement that the applicant has not applied for an adjustment to its general public rates within the last six months;
 4. The effective date of the proposed general public rate adjustment; and
 5. An attestation signed by the applicant that the information and documents provided by the applicant are true and correct.
- B. An applicant requesting an adjustment of general public rates exceeding the monetary amount calculated according to A.R.S. § 36-2234(E) shall submit an application packet to the Department that includes:
1. The name of the applicant;
 2. A statement that the applicant is making the request according to A.R.S. § 36-2234(A);
 3. The reason for the general public rate adjustment request;
 4. A statement that the applicant has not applied for an adjustment to its general public rates within the last six months;
 5. The effective date of the proposed general public rate adjustment;
 6. A copy of the applicant's most recent financial statements;
 7. A copy of the Ambulance Revenue and Cost Report;
 8. For a consecutive 12-month period:
 - a. A projected income statement; and
 - b. A projected cash-flow statement;
 9. A list of all purchase agreements or lease agreements for real estate, ground ambulance vehicle, and equipment exceeding \$5,000 used in connection with the ground ambulance service, that includes the monetary amount and duration of each agreement;
 10. The identification of:
 - a. Each of the applicant's affiliations, such as a parent company or subsidiary owned or operated by the applicant; and
 - b. The methodology and calculations used in allocating costs among the applicant and government entities or profit or not for profit businesses;
 11. A copy of the applicant's contract with each federal or tribal entity for a ground ambulance service, if applicable;
 12. Other documents, exhibits, or statements that may assist the Department in setting the general public rates;
 13. An attestation signed by the applicant that the information and documents provided by the applicant are true and correct; and
 14. Any other information or documents requested by the Director to clarify or complete the application.
- C. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R.

1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1103. Application for a Contract Rate or Range of Rates Less than General Public Rates (A.R.S. §§ 36-2234(G) and (I), 36-2239)

- A. Before providing interfacility transports or convalescent transports, a certificate holder shall apply to the Department for approval of a contract rate or range of contract rates under A.R.S. § 36-2234(G).
1. For a contract rate or range of rates under A.R.S. § 36-2234(G), the certificate holder shall submit an application form to the Department that contains:
 - a. The name of the certificate holder;
 - b. A statement that the certificate holder is making the request under A.R.S. § 36-2234(G);
 - c. The contract rate or range of rates being requested; and
 - d. Information demonstrating the cost and economics of providing the transports for the requested contract rate or range of rates.
 2. For a contract rate or range of rates under A.R.S. § 36-2234(I), the certificate holder shall submit the information required in R9-25-1102(B)(1) and (B)(6) through (B)(14).
- B. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R.
1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1104. Ground Ambulance Service Contracts (A.R.S. §§ 36-2232, 36-2234(K))

- A. Before implementing a ground ambulance service contract, a certificate holder shall submit to the Department for approval a copy of the contract with a cover letter that indicates the total number of pages in the contract. The contract shall:
1. Include the certificate holder's legal name and any other name listed on the certificate holder's initial application required in R9-25-902(A)(1)(a);
 2. List the contract rate or range of rates approved by the Director according to R9-25-1101, R9-25-1102, or R9-25-1103;
 3. Comply with A.R.S. §§ 36-2201 through 36-2246 and 9 A.A.C. 25; and
 4. Not preclude use of the 9-1-1 system or a similarly designated emergency telephone number.
- B. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R.
1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1105. Application for Provision of Subscription Service or Establish a Subscription Service Rate (A.R.S. § 36-2232(A)(1))

- A. A certificate holder applying to provide subscription service, establish a subscription service rate, or request approval of a subscription service contract shall submit an application packet to the Department that includes:
1. The following information:
 - a. The number of estimated subscription service contracts and documents supporting the estimate, such as a survey of the service area;
 - b. An estimate of the number of annual subscription service transports for the service area;
 - c. The proposed subscription service rate;

- d. An estimate of the cost of providing subscription service to the service area; and
- e. Any other information or documents that the certificate holder believes may assist the Department in setting a subscription service rate; and
- 2. A copy of the proposed subscription service contract.
- B. The Department shall approve or deny a subscription service rate under this Section according to 9 A.A.C. 25, Article 12.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1106. Rate of Return Setting Considerations (A.R.S. §§ 36-2232, 36-2239)

- A. In determining the rate of return on gross revenue in A.R.S. § 36-2239(I)(4), the Director shall consider a ground ambulance service's:
 - 1. Direct and indirect costs for operating the ground ambulance service within its service area;
 - 2. Balance sheet;
 - 3. Income statement;
 - 4. Cash flow statement;
 - 5. Ratio between variable and fixed costs on the financial statements;
 - 6. Method of indirect costs allocation to specific cost-center areas;
 - 7. Return on equity;
 - 8. Reimbursable and non-reimbursable charges;
 - 9. Type of business entity;
 - 10. Monetary amount and type of debt financing;
 - 11. Replacement and expansion costs;
 - 12. Number of calls, transports, and billable miles;
 - 13. Costs associated with rules, inspections, and audits;
 - 14. Substantiated prior reported losses;
 - 15. Medicare and AHCCCS settlements; and
 - 16. Any other information or documents needed by the Director to clarify incomplete or ambiguous information or documents.
- B. In determining the rate of return on gross revenue in A.R.S. § 36-2239(I)(4), the Director shall not consider:
 - 1. Depreciation of the portion of ground ambulance vehicles and equipment obtained through Department funding,
 - 2. The certificate holder's travel and entertainment expenses that do not directly relate to providing the ground ambulance service,
 - 3. The monetary value of any goodwill accumulated by the certificate holder,
 - 4. Any penalties or fines imposed on the certificate holder by a court or government agency, and
 - 5. Any financial contributions received by the certificate holder.
- C. In determining just, reasonable, and sufficient rates in A.R.S. § 36-2232(A)(1) the director shall establish rates to provide for a rate of return that is at least 7% of gross revenue, calculated using the accrual method of accounting according to generally accepted accounting principles, unless the certificate holder requests a lower rate of return.
- D. Rate of return on gross revenue is calculated by dividing Ambulance Revenue and Cost Report Exhibit A or Exhibit B net income or loss by gross revenue.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1107. Rate Calculation Factors (A.R.S. § 36-2232)

- A. When evaluating a proposed mileage rate, the Department shall consider the following factors:
 - 1. The cost of licensure and registration of each ground ambulance vehicle;
 - 2. The cost of fuel;
 - 3. The cost of ground ambulance vehicle maintenance;
 - 4. The cost of ground ambulance vehicle repair;
 - 5. The cost of tires;
 - 6. The cost of ground ambulance vehicle insurance;
 - 7. The cost of mechanic wages, benefits, and payroll taxes;
 - 8. The cost of loan interest related to the ground ambulance vehicles;
 - 9. The cost of the weighted allocation of overhead;
 - 10. The cost of ground ambulance vehicle depreciation;
 - 11. The cost of reserves for replacement of ground ambulance vehicles and equipment; and
 - 12. Mileage reimbursement as established by Medicare guidelines for ground ambulance service.
- B. When evaluating a proposed BLS base rate, the Department shall consider the costs associated with providing EMS and transport.
- C. When evaluating a proposed ALS base rate, the Department shall consider the factors in subsection (B) and the additional costs of ALS ambulance equipment and ALS personnel.
- D. In evaluating rates, the Director shall make adjustments to a certificate holder's rates to maximize Medicare reimbursements.
- E. The Department shall determine the standby waiting rate by dividing the BLS base rate by 4.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1108. Implementation of Rates and Charges (A.R.S. §§ 36-2232, 36-2239)

- A. A certificate holder shall assess rates and charges as follows:
 - 1. When calculating a rate or charge, the certificate holder shall:
 - a. Omit fractions of less than 1/2 of 1 cent; or
 - b. Increase to the next whole cent, fractions of 1/2 of 1 cent or greater.
 - 2. The certificate holder shall calculate the number of miles for a transport by using:
 - a. The ground ambulance vehicle's odometer reading; or
 - b. A regional map.
 - 3. The certificate holder shall calculate the reimbursement amount for mileage of a transport by multiplying the number of miles for the transport by the mileage rate.
 - 4. When transporting two or more patients in the same ground ambulance vehicle, the certificate holder shall assess each patient:
 - a. Fifty percent of the mileage rate and one hundred percent of the ALS or BLS base rate; and
 - b. One hundred percent of:
 - i. The charge for each disposable supply, medical supply, medication, and oxygen-related cost used on the patient; and
 - ii. Waiting time assessed according to subsection (C).
 - 5. When agreed upon by prior arrangement to transport a patient to one destination and return to the point of pick-up or to one destination and then to a subsequent destination, assess only the ALS or BLS base rate, mileage rate, and standby waiting rate for the transport.

- B. When a certificate holder transfers a patient to an air ambulance, the certificate holder shall assess the patient the rates and charges for EMS and transport provided to the patient before the transfer.
- C. A certificate holder shall assess a standby waiting rate in quarter-hour increments, except for:
 1. The first 15 minutes after arrival to load the patient at the point of pick-up;
 2. The time, exceeding the first 15 minutes, required by ambulance attendants to provide necessary medical treatment and stabilization of the patient at the point of pick-up; and
 3. The first 15 minutes to unload the patient at the point of destination.
- D. When a certificate holder responds to a request outside the certificate holder's service area, the certificate holder shall assess its own rates and charges for EMS or transport provided to the patient.
- E. When the Department or the certificate holder determines that a refund of a rate or a charge is required, the certificate holder shall refund the rate or charge within 90 days from the date of the determination.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1109. Charges (A.R.S. §§ 36-2232, 36-2239(D))

- A. A certificate holder that charges patients for disposable supplies, medical supplies, medications, and oxygen-related costs shall submit to the Department a list of the items and the proposed charges. The list shall include a non-retroactive effective date.
- B. A certificate holder shall submit to the Department a new list each time the certificate holder proposes a change in the items or the amount charged. The list shall contain the information required in subsection (A), including a non-retroactive effective date.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

R9-25-1110. Invoices (A.R.S. §§ 36-2234, 36-2239)

- A. Each invoice for rates and charges shall contain the following:
 1. The patient's name;
 2. The certificate holder's name, address, and telephone number;
 3. The date of service;
 4. An itemized list of the rates and charges assessed;
 5. The total monetary amount owed the certificate holder; and
 6. The payment due date.
- B. Any subsequent invoice to the same patient for the same EMS or transport shall contain all the information in subsection (A) except the information in subsection (A)(4).
- C. Charges may be combined into one line item if the supplies are used for a specific purpose and the name of the combined item is included in the certificate holder's disposable medical supply listing provided to the Department under R9-25-1109.
- D. A certificate holder may combine rates and charges into one line item if required by a third-party payor.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

ARTICLE 12. TIME-FRAMES FOR DEPARTMENT APPROVALS**R9-25-1201. Time-frames (A.R.S. §§ 41-1072 through 41-1079)**

- A. The overall time-frame described in A.R.S. § 41-1072(2) for each type of approval granted by the Department is listed in Table 1. The applicant and the Director may agree in writing to extend the overall time-frame. The substantive review time-frame shall not be extended by more than 25% of the overall time-frame.
- B. The administrative completeness review time-frame described in A.R.S. § 41-1072(1) for each type of approval granted by the Department is listed in Table 1. The administrative completeness review time-frame begins on the date that the Department receives an application form or an application packet.
 1. If the application packet is incomplete, the Department shall send to the applicant a written notice specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the postmark date of the written request until the date the Department receives a complete application packet from the applicant.
 2. When an application packet is complete, the Department shall send a written notice of administrative completeness.
 3. If the Department grants an approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.
- C. The substantive review time-frame described in A.R.S. § 41-1072(3) is listed in Table 1 and begins on the postmark date of the notice of administrative completeness.
 1. As part of the substantive review time-frame, the Department shall conduct inspections, investigations, or hold hearings required by law.
 2. If required under R9-25-403 the Department shall fix the period and terms of probation as part of the substantive review.
 3. During the substantive review time-frame, the Department may make one comprehensive written request for additional documents or information and it may make supplemental requests for additional information with the applicant's written consent.
 4. The substantive review time-frame and the overall time-frame are suspended from the postmark date of the written request for additional information or documents until the Department receives the additional information or documents.
 5. The Department shall send a written notice of approval to an applicant who meets the qualifications in A.R.S. Title 36, Chapter 21.1 and this Chapter for the type of application submitted.
 6. The Department shall send a written notice of denial to an applicant who fails to meet the qualifications in A.R.S. Title 36, Chapter 21.1, and this Chapter for the type of application submitted.
- D. If an applicant fails to supply the documents or information under subsections (B)(1) and (C)(3) within the number of days specified in Table 1 from the postmark date of the written notice or comprehensive written request, the Department shall consider the application withdrawn.
- E. An applicant that does not wish an application to be considered withdrawn may request a denial in writing within the number of days specified in Table 1 from the postmark date of

the written notice or comprehensive written request for documents or information under subsections (B)(1) and (C)(3).

- F.** If a time-frame's last day falls on a Saturday, Sunday, or an official state holiday, the Department shall consider the next business day as the time-frame's last day.

Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).
Amended by final rulemaking at 8 A.A.R. 2352, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Department of Health Services – Emergency Medical Services

Table 1. Time-frames (in days)

Type of Application	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Time to Respond to Written Notice	Substantive Review Time-frame	Time to Respond to Comprehensive Written Request
ALS Base Hospital Certification (R9-25-208)	A.R.S. §§ 36-2201, 36-2202(A)(3), and 36-2204(5)	45	15	60	30	60
Amendment of an ALS Base Hospital Certificate (R9-25-209)	A.R.S. §§ 36-2201, 36-2202(A)(3), and 36-2204(5) and (6)	30	15	60	15	60
Training Program Certification (R9-25-302)	A.R.S. §§ 36-2202(A)(3) and 36-2204(1) and (3)	120	30	60	90	60
Amendment of a Training Program Certificate (R9-25-303)	A.R.S. §§ 36-2202(A)(3) and 36-2204(1) and (3)	90	30	60	60	60
EMT Certification (R9-25-404)	A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(G), and 36-2204(1)	120	30	90	90	270
Temporary Nonrenewable EMT-B or EMT-P Certification (R9-25-405)	A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(G), and 36-2204(1) and (7)	120	30	90	90	60
EMT Recertification (R9-25-406)	A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), 36-2202(G), and 36-2204(1) and (4)	120	30	60	90	60
Extension to File for EMT Recertification (R9-25-407)	A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), 36-2202(G), and 36-2204(1) and (7)	30	15	60	15	60
Downgrading of Certification (R9-25-408)	A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(G), and 36-2204(1) and (6)	30	15	60	15	60
Initial Certificate of Necessity (R9-25-902)	A.R.S. §§ 36-2204, 36-2232, 36-2233, 36-2240	450	30	60	420	60
Provision of ALS Services (R9-25-902)	A.R.S. §§ 36-2232, 36-2233, 36-2240	450	30	60	420	60
Transfer of a Certificate of Necessity (R9-25-902)	A.R.S. §§ 36-2236(A) and (B), 36-2240	450	30	60	420	60
Renewal of a Certificate of Necessity (R9-25-904)	A.R.S. §§ 36-2233, 36-2235, 36-2240	90	30	60	60	60
Amendment of a Certificate of Necessity (R9-25-905)	A.R.S. §§ 36-2232(A)(4), 36-2240	450	30	60	420	60
Initial Registration of a Ground Ambulance Vehicle (R9-25-1001)	A.R.S. §§ 36-2212, 36-2232, 36-2240	90	30	60	60	60
Renewal of a Ground Ambulance Vehicle Registration (R9-25-1001)	A.R.S. §§ 36-2212, 36-2232, 36-2240	90	30	60	60	60
Establishment of Initial General Public Rates (R9-25-1101)	A.R.S. §§ 36-2232, 36-2239	450	30	60	420	60
Adjustment of General Public Rates (R9-25-1102)	A.R.S. §§ 36-2234, 36-2239	450	30	60	420	60

Department of Health Services – Emergency Medical Services

Contract Rate or Range of Rates Less than General Public Rates (R9-25-1103)	A.R.S. §§ 36-2234, 36-2239	450	30	60	420	60
Ground Ambulance Service Contracts (R9-25-1104)	A.R.S. § 36-2232	450	30	60	420	60
Ground Ambulance Service Contracts with Political Subdivisions (R9-25-1104)	A.R.S. §§ 36-2232, 36-2234(K)	30	15	15	15	Not Applicable
Subscription Service Rate (R9-25-1105)	A.R.S. § 36-2232(A)(1)	450	30	60	420	60
Air Ambulance Registration Certificate (R9-13-1101)	A.R.S. § 36-2212	90	30	60	60	60
Air Ambulance Registration Certificate Renewal (R9-13-1101)	A.R.S. § 36-2212	90	30	60	60	60

Historical Note

New Table adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 2352, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Exhibit A. Ambulance Revenue and Cost Report, General Information and Certification

Legal Name of Company: _____ CON No. _____
D.B.A. (Doing Business As): _____ Business Phone: () _____
Financial Records Address: _____ City: _____ Zip Code _____
Mailing Address (If Different): _____ City: _____ Zip Code: _____
Owner/Manager: _____
Report Contact Person: _____ Phone: () _____ Ext. _____
Report for Period From: _____ To: _____
Method of Valuing Inventory: LIFO: () FIFO: () Other (Explain): _____

Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/ vesting.

CERTIFICATION

I hereby certify that I have directed the preparation of the Arizona Ambulance Revenue and Cost Report for the facility listed above in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby certify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____

Title: _____ Date: _____

Mail to:

Department of Health Services, Bureau of Emergency Medical Services, Certificate of Necessity and Rates Section
1651 East Morten Avenue, Suite 130, Phoenix, AZ 85020
Telephone: (602) 861-0809; Fax: (602) 861-9812

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
01	Number of ALS Billable Runs	_____	_____	_____	_____
02	Number of BLS Billable Runs	_____	_____	_____	_____
03	Number of Loaded Billable Miles	_____	_____	_____	_____
04	Waiting Time (Hr. & Min.)	_____	_____	_____	_____
05	Total Canceled (Non-Billable) Runs	_____	_____	_____	_____
					Number
	Volunteer Services: (OPTIONAL)				Donated Hours
06	Paramedic and IEMT				_____
07	Emergency Medical Technician - B				_____
08	Other Ambulance Attendants				_____
09	Total Volunteer Hours				_____

**This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

AMBULANCE REVENUE AND COST REPORT**AMBULANCE SERVICE ENTITY:** _____**FOR THE PERIOD FROM:** _____ **TO:** _____STATISTICAL SUPPORT DATA

Line No. TYPE OF SERVICE	(1) SUBSIDIZED PATIENTS	(2) NON- SUBSIDIZED PATIENTS	(3) TOTALS
01 Number of Advanced Life Support Billable Runs	_____	_____	_____
02 Number of Basic Life Support Billable Runs	_____	_____	_____
03 Number of Loaded Billable Miles	_____	_____	_____
04 Waiting Time (Hours and Minutes)	_____	_____	_____
05 Total Canceled (Non-Billable) Runs	_____	_____	_____
			Number
Volunteer Services: (OPTIONAL)			Donated Hours
06 Paramedic and IEMT			_____
07 Emergency Medical Technician - B			_____
08 Other Ambulance Attendants _____			_____
09 Total Volunteer Hours			_____

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

AMBULANCE REVENUE AND COST REPORT**AMBULANCE SERVICE ENTITY:** _____**FOR THE PERIOD FROM:** _____ **TO:** _____STATEMENT OF INCOMELineNo. DESCRIPTIONFROM

Operating Revenue:		
01	Ambulance Service Routine Operating Revenue	Page 3 Line 10 \$ _____
Less:		
02	AHCCCS Settlement	_____
03	Medicare Settlement.	_____
04	Contractual Discounts.	Page 7 Line 22 _____
05	Subscription Service Settlement.	Page 8 Line 4 _____
06	Other (Attach Schedule).	_____
07	Total	_____
08	Net Revenue from Ambulance Runs	\$ _____
09	Sales of Subscription Service Contracts.	Page 8 Line 8
10	Total Operating Revenue	\$ _____
Ambulance Operating Expenses:		
11	Bad Debt (Includes Subscription Services Bad Debt)	\$ _____
12	Wages, Payroll Taxes, and Employee Benefits.	Page 4 Line 22 _____
13	General and Administrative Expenses	Page 5 Line 20 _____
14	Cost of Goods Sold.	Page 3 Line 15 _____
15	Other Operating Expenses	Page 6 Line 28 _____
16	Interest Expense (Attach Schedule IV)	Page 14 CI 4 & 5 Line 28 _____
17	Subscription Service Direct Selling.	Page 8 Line 23 _____
18	Total Operating Expenses	_____
19	Ambulance Service Income (Loss) (Line 10 minus Line 18)	\$ _____
Other Revenue/Expenses:		
20	Other Operating Revenue and Expenses	Page 9 Line 17 \$ _____
21	Non-Operating Revenue and Expense	_____
22	Non-Deductible Expenses (Attach Schedule)	_____
23	Total Other Revenues/Expenses	_____
24	Ambulance Service Income (Loss) - Before Income Taxes	\$ _____
Provision for Income Taxes:		
25	Federal Income Tax.	\$ _____
26	State Income Tax.	_____
27	Total Income Tax	_____
28	Ambulance Service - Net Income (Loss)	\$ _____

AMBULANCE REVENUE AND COST REPORT**AMBULANCE SERVICE ENTITY:** _____**FOR THE PERIOD FROM:** _____ **TO:** _____**ROUTINE OPERATING REVENUE****Line****No. DESCRIPTION**

Ambulance Service Routine Operating Revenue:

01	ALS Base Rate.	\$ _____
02	BLS Base Rate.	_____
03	Mileage Charge	_____
04	Waiting Charge.	_____
05	Medical Supplies (Gross Charges).	_____
06	Nurses Charges	_____
07	Total	\$ _____
08	Standby Revenue (Attach Schedule)	_____
09	Other Ambulance Service Revenue (Attach Schedule)	_____
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 01)	\$ _____

COST OF GOODS SOLD: (MEDICAL SUPPLIES)

11	Inventory at Beginning of Year	_____
12	Plus Purchases.	_____
13	Plus Other Costs.	_____
14	Less Inventory at End of Year. (_____)	
15	Cost of Goods Sold (To Page 2, Line 14).	\$ _____

Department of Health Services – Emergency Medical Services

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ **TO:** _____

ROUTINE OPERATING REVENUE

Line No. DESCRIPTION	(1) SUBSIDIZED PATIENTS	(2) NON- SUBSIDIZED PATIENTS	(3) TOTALS
AMBULANCE SERVICE OPERATING REVENUE			
01 ALS Base Rate	\$ _____	\$ _____	\$ _____
02 BLS Base Rate	_____	_____	_____
03 Mileage Charge.	_____	_____	_____
04 Waiting Charge.	_____	_____	_____
05 Medical Supplies (Gross Charges).	_____	_____	_____
06 Nurses' Charges.	_____	_____	_____
07 Total	\$ _____	\$ _____	\$ _____
08 Standby Revenue (Attach Schedule)			_____
09 Other Ambulance Service Revenue (Attach Schedule)			_____
10 Total Ambulance Service Routine Operating Revenue (Column 3 to Page 2, Line 01)			\$ _____
Less:			
11 AHCCCS Settlement	\$ _____	\$ _____	\$ _____
12 Medicare Settlement	_____	_____	_____
13 Subsidy	_____	XXXXXXXXXXXX	_____
14 Other (Attach Schedule)	_____	_____	_____
15 Total Settlements (Column 3 to Page 2, Line 06)	\$ _____	\$ _____	\$ _____
Cost of Goods Sold:			
16 Inventory at Beginning of Year			\$ _____
17 Plus Purchases.			_____
18 Plus Other Costs.			_____
19 Less Inventory at End of Year			(_____)
20 Cost of Goods Sold (Column 3 to Page 2, Line 14)			\$ _____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

WAGES, PAYROLL TAXES, AND EMPLOYEE BENEFITS

Line No. DESCRIPTION	No. of *F.T.E.s	AMOUNT
01 Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Page 10, Line 7)	_____	\$ _____
02 Payroll Taxes	_____	_____
03 Employee Fringe Benefits	_____	_____
04 Total	_____	\$ _____
 05 Gross Wages - MANAGEMENT (Attach Schedule II)	_____	\$ _____
06 Payroll Taxes.	_____	_____
07 Employee Fringe Benefits	_____	_____
08 Total	_____	\$ _____
 Gross Wages - AMBULANCE PERSONNEL (Attach Schedule II)		
	**Casual Labor	Wages
09 Paramedics and IEMT.	_____	\$ _____
10 Emergency Medical Technician (EMT). _____	_____	_____
11 Nurses.	_____	_____
12 Payroll Taxes.	_____	_____
13 Employee Fringe Benefits	_____	_____
14 Total.	_____	\$ _____
 Gross Wages - OTHER PERSONNEL (Attach Schedule II)		
15 Dispatch.	_____	\$ _____
16 Mechanics	_____	_____
17 Office and Clerical	_____	_____
18 Other	_____	_____
19 Payroll Taxes.	_____	_____
20 Employee Fringe Benefits	_____	_____
21 Total.	_____	\$ _____
22 Total F.T.E.s' Wages, Payroll Taxes, & Employee Benefits (To Page 2, Line 12) .	_____	\$ _____

* Full-time equivalents (F.T.E.) Is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

Department of Health Services – Emergency Medical Services

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

WAGES, PAYROLL TAXES, AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION	(1) No. of *F.T.E.s	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
01	Gross Wages - Management (Attach Schedule II)	_____	\$ _____	_____	_____
02	Payroll Taxes.	_____	_____	_____	_____
03	Employee Fringe Benefits.	_____	_____	_____	_____
04	Total	_____	\$ _____	_____	_____
Gross Wages - Ambulance Personnel (Attach Schedule) :					
	**Contractual Wages				
05	Paramedics and IEMT	_____	\$ _____	_____	_____
06	Emergency Medical Technician (EMT)	_____	_____	_____	_____
07	Nurses.	_____	_____	_____	_____
08	Drivers.	_____	_____	_____	_____
09	Payroll Taxes.	_____	_____	_____	_____
10	Employee Fringe Benefits.	_____	_____	_____	_____
11	Total.	_____	\$ _____	_____	_____
Gross Wages - Other Personnel (Attach Schedule II):					
12	Dispatch.	_____	\$ _____	_____	_____
13	Mechanics	_____	_____	_____	_____
14	Office and Clerical	_____	_____	_____	_____
15	Other	_____	_____	_____	_____
16	Payroll Taxes.	_____	_____	_____	_____
17	Employee Fringe Benefits	_____	_____	_____	_____
18	Total.	_____	\$ _____	_____	_____
19	Total F.T.E.s' Wages, Payroll Taxes, and Employee Benefits (To Page 2, Line 12)	_____	\$ _____	_____	_____

* Full-Time Equivalents (F.T.E.) Is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Contractual + Wages paid is entered in Column 2 by line item. However, when calculating F.T.E.s, do not include contractual hours worked or expenses incurred.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

WAGES, PAYROLL TAXES, AND EMPLOYEE BENEFITS

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocations</u>
01	Gross Wages - Management	_____
02	Payroll Taxes	_____
03	Employee Fringe Benefits	_____
04	Total	_____
Gross Wages - Ambulance Personnel:		<u>Contractual</u>
		<u>Wages</u>
05	Paramedics and IEMT	_____
06	Emergency Medical Technician (EMT)	_____
07	Nurses	_____
08	Drivers	_____
09	Payroll Taxes	_____
10	Employee Fringe Benefits	_____
11	Total	_____
Gross Wages - Other Personnel:		
12	Dispatch	_____
13	Mechanics	_____
14	Office and Clerical	_____
15	Other	_____
16	Payroll Taxes	_____
17	Employee Fringe Benefits	_____
18	Total	_____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

GENERAL AND ADMINISTRATIVE EXPENSES

Line

No. DESCRIPTION

Professional Services:

01	Legal Fees	\$ _____
02	Collection Fees	_____
03	Accounting and Auditing	_____
04	Data Processing Fees	_____
05	Other (Attach Schedule)	_____
06	Total	\$ _____

Travel and Entertainment:

07	Meals and Entertainment	\$ _____
08	Transportation - Other Company Vehicles	_____
09	Travel	_____
10	Other (Attach Schedule)	_____
11	Total	\$ _____

Other General and Administrative:

12	Office Supplies	\$ _____
13	Postage	_____
14	Telephone	_____
15	Advertising	_____
16	Professional Liability Insurance	_____
17	Dues and Subscriptions	_____
18	Other (Attach Schedule)	_____
19	Total	\$ _____
20	Total General and Administrative Expenses (To Page 2, Line 13)	\$ _____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

GENERAL AND ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Professional Services:				
01	Legal Fees	\$ _____	_____	\$ _____
02	Collection Fees	_____	_____	_____
03	Accounting and Auditing	_____	_____	_____
04	Data Processing Fees	_____	_____	_____
05	Other (Attach Schedule)	_____	_____	_____
06	Total	\$ _____		\$ _____
Travel and Entertainment:				
07	Meals and Entertainment	\$ _____	_____	\$ _____
08	Transportation - Other Company Vehicles	_____	_____	_____
09	Travel	_____	_____	_____
10	Other (Attach Schedule)	_____	_____	_____
11	Total	\$ _____		\$ _____
Other General and Administrative:				
12	Office Supplies	\$ _____	_____	\$ _____
13	Postage	_____	_____	_____
14	Telephone	_____	_____	_____
15	Advertising	_____	_____	_____
16	Professional Liability Insurance	_____	_____	_____
17	Dues and Subscriptions	_____	_____	_____
18	Other (Attach Schedule)	_____	_____	_____
19	Total	\$ _____		\$ _____
20	Total General & Administrative Expenses (to Page 2, Line 13)	\$ _____		\$ _____

Department of Health Services – Emergency Medical Services

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

GENERAL AND ADMINISTRATIVE EXPENSES (cont.)

Line No.	DESCRIPTION	Basis of Allocations
Professional Services:		
01	Legal Fees	_____
02	Collection Fees	_____
03	Accounting and Auditing	_____
04	Data Processing Fees	_____
05	Other (Attach Schedule)	_____
06	Total	_____
Travel and Entertainment:		
07	Meals and Entertainment	_____
08	Transportation - Other Company Vehicles	_____
09	Travel	_____
10	Other (Attach Schedule)	_____
11	Total	_____
Other General and Administrative:		
12	Office Supplies	_____
13	Postage	_____
14	Telephone	_____
15	Advertising	_____
16	Professional Liability Insurance	_____
17	Dues and Subscriptions	_____
18	Other (Attach Schedule)	_____
19	Total	_____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

OTHER OPERATING EXPENSES

Line

No. OTHER OPERATING EXPENSES**Depreciation and Amortization:**

01 Depreciation (Attach Schedule III) (From Line 20, Col I, Page 13) \$ _____
02 Amortization _____
03 Total \$ _____
04 Rent/Lease (Attach Schedule III) (From Line 20, Col K, Page 13) \$ _____

Building/Station Expense:

05 Building and Cleaning Supplies \$ _____
06 Utilities _____
07 Property Taxes _____
08 Property Insurance _____
09 Repairs and Maintenance _____
10 Other (Attach Schedule) _____
11 Total \$ _____

Vehicle Expense - Ambulance Units:

12 License/Registration \$ _____
13 Fuel _____
14 General Vehicle Service and Maintenance. _____
15 Major Repairs _____
16 Insurance - Service Vehicles. _____
17 Other (Attach Schedule). _____
18 Total \$ _____

Other Expenses:

19 Dispatch _____
20 Education/Training _____
21 Uniforms and Uniform Cleaning _____
22 Meals and Travel for Ambulance Personnel _____
23 Maintenance Contracts _____
24 Minor Equipment - Not Capitalized _____
25 Ambulance Supplies - Nonchargeable _____
26 Other (Attach Schedule) _____
27 Total \$ _____
28 Total Other Operating Expenses (To Page 2, Line 15) \$ _____

Department of Health Services – Emergency Medical Services

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

OTHER OPERATING EXPENSES

<u>OTHER OPERATING EXPENSES</u>	<u>(1) Total Expenditure</u>	<u>(2) Allocation Percentage</u>	<u>(3) Ambulance Amount</u>
Depreciation and Amortization:			
Depreciation (Attach Schedule III) (From Line 20, Col I, Page 12)	\$ _____	_____	_____
Amortization	_____	_____	_____
Total	\$ _____	_____	_____
Rent/Lease (Attach Schedule III) Line 20, Col K, Page 12	\$ _____	_____	_____
Building/Station Expense:			
Building and Cleaning Supplies	\$ _____	_____	_____
Utilities	_____	_____	_____
Property Taxes	_____	_____	_____
Property Insurance	_____	_____	_____
Repairs and Maintenance	_____	_____	_____
Other (Attach Schedule)	_____	_____	_____
Total	\$ _____	_____	_____
Vehicle Expense - Ambulance Units:			
License/Registration	\$ _____	_____	_____
Fuel	_____	_____	_____
General Vehicle Service and Maintenance	_____	_____	_____
Major Repairs	_____	_____	_____
Insurance - Service Vehicles	_____	_____	_____
Other (Attach Schedule)	_____	_____	_____
Total	\$ _____	_____	_____
Other Expenses:			
Dispatch	\$ _____	_____	_____
Education/Training	_____	_____	_____
Uniforms and Uniform Cleaning	_____	_____	_____
Meals and Travel for Ambulance Personnel	_____	_____	_____
Maintenance Contracts	_____	_____	_____
Minor Equipment - Not Capitalized	_____	_____	_____
Ambulance Supplies - Nonchargeable	_____	_____	_____
Other (Attach Schedule)	_____	_____	_____
Total	\$ _____	_____	_____
Total Other Operating Expenses (To Page 2, Line 15)	\$ _____	_____	_____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

OTHER OPERATING EXPENSES

Line

No. OTHER OPERATING EXPENSES**Basis of Allocations****Depreciation and Amortization:**

01	Depreciation	_____
02	Amortization	_____
03	Total	_____
04	Rent/Lease	_____

Building/Station Expense:

05	Building and Cleaning Supplies	_____
06	Utilities	_____
07	Property Taxes	_____
08	Property Insurance	_____
09	Repairs and Maintenance	_____
10	Other (Attach Schedule)	_____
11	Total	_____

Vehicle Expense - Ambulance Units:

12	License/Registration	_____
13	Fuel	_____
14	General Vehicle Service and Maintenance	_____
15	Major Repairs	_____
16	Insurance - Service Vehicles	_____
17	Other (Attach Schedule)	_____
18	Total	_____

Other Expenses:

19	Dispatch	_____
20	Education/Training	_____
21	Uniforms and Uniform Cleaning	_____
22	Meals and Travel for Ambulance Personnel	_____
23	Maintenance Contracts	_____
24	Minor Equipment - Not Capitalized	_____
25	Ambulance Supplies - Nonchargeable	_____
26	Other (Attach Schedule)	_____
27	Total	_____

Page 6.1.a

Department of Health Services – Emergency Medical Services

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22	Total (To Page 2, Line 4)				

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

**SUBSCRIPTION SERVICE REVENUE AND
DIRECT SELLING EXPENSES****Line****No. Description****To**

01 Billings at Fully Established Rate \$ _____

Less:

02 AHCCCS Settlement _____

03 Medicare Settlement _____

04 Subscription Service Settlements (To Page 2, Line 5) _____

05 Subscription Service Bad Debt _____

06 Total \$ _____

07 Net Revenue from Subscription Service Runs _____

08 Sales of Subscription Service (To Page 2, Line 9) _____

09 Other Revenue (Attach Schedule) _____

10 Total Subscription Service Revenue \$ _____

Direct Expenses Incurred Selling Subscription Contracts:

11 Salaries/Wages \$ _____

12 Payroll Taxes _____

13 Employee Fringe Benefits _____

14 Professional Services _____

15 Contract Labor _____

16 Travel _____

17 Other General and Administrative Expenses _____

18 Depreciation/Amortization _____

19 Rent/Lease _____

20 Building/Station Expense _____

21 Transportation/Vehicles _____

22 Other (Attach Schedule) _____

23 Total Subscription Service Expenses (To Page 2, Line 17)..... \$ _____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

OTHER OPERATING REVENUES AND EXPENSES

Line

No. DESCRIPTION

Other Operating Revenues:

01	Supportive Funding - Local (Attach Schedule)	\$ _____
02	Grant Funds - State (Attach Schedule)	_____
03	Grant Funds - Federal (Attach Schedule)	_____
04	Grant Funds - Other (Attach Schedule)	_____
05	Patient Finance Charges	_____
06	Patient Late Payment Charges	_____
07	Interest Earned - Related Person/Organization	_____
08	Interest Earned - Other	_____
09	Gain on Sale of Operating Property	_____
10	Other: _____	_____
11	Other: _____	_____
12	Total Operating Revenue	\$ _____

Other Operating Expenses:

13	Loss on Sale of Operating Property	\$ _____
14	Other: _____	_____
15	Other: _____	_____
16	Total Other Operating Expenses	\$ _____
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)	\$ _____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

DETAIL OF SALARIES/WAGES
OFFICERS/OWNERS
SCHEDULE 1

Wages Paid by Category

Line No.	Name	Title	% of Ownership	Management	*FTE	CEP IEMT EMT	*FTE	Office	*FTE	Other	*FTE	<u>Totals</u>	
												Wages Paid To Owners	*FTE
01	_____	_____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
02	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
05	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
06	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____ ¹	_____ ₂
07	TOTAL	=====	=====	\$ =====	=====	\$ =====	=====	\$ =====	=====	\$ =====	=====	\$ =====	=====

* Full-time equivalents (F.T.E.) Is the sum of all hours for which employee wages were paid during the year divided by 2080

1 Total wages paid to owners to Page 4 Col 2 Line 01

2 Total FTEs to Page 4 Col 1 Line 01

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

OPERATING EXPENSES
DETAIL OF SALARIES/WAGES
SCHEDULE II

Line

No. Detail of Salaries/Wages - Other Than Officers/Owners

01 MANAGEMENT:

METHOD OF COMPENSATION:

Certification and/or Title	Scheduled Shifts (I.e. 40 or 60 hours a week)	Hourly Wage	Annual Salary	\$s Per Run or Shift
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

02 AMBULANCE PERSONNEL:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

03 OTHER PERSONNEL:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

**DEPRECIATION AND/OR RENT/LEASE EXPENSE
SCHEDULE III****AMBULANCE VEHICLES AND
ACCESSORIAL EQUIPMENT ONLY**

	A	B	C	D	E	F	G	H	I	J	K
Line No.	Description of Property	Date Placed in Service	Cost or Other Basis	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Depreciation Prior Years	Current Year Depreciation	Remaining Basis	Rent/Lease Amount*
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	XXX	2

* Complete Description of property, date placed in service, and rent/lease amount only.

1 To Page 13, Line 19, Column I

2 To Page 13, Line 19, Column K

Department of Health Services – Emergency Medical Services

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

**DEPRECIATION AND/OR RENT/LEASE EXPENSE
SCHEDULE III****ALL OTHER ITEMS**

	A	B	C	D	E	F	G	H	I	J	K
Line No.	Description of Property	Date Placed in Service	Cost or Other Basis	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Depreciation Prior Years	Current Year Depreciation	Remaining Basis	Rent/Lease Amount*
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
19	SUBTOTAL from Page 12, Line 20	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
20	SUM of Line 18 and 19	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	XXX	4

* Complete Description of property, date placed in service, and rent/lease amount only.

3 To Page 6, Line 01

4 To Page 6, Line 04

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

DETAIL OF INTEREST - Schedule IV

<u>Line</u> <u>No.</u>	<u>Description</u>	(1)	(2) <u>Principal Balance</u>		(4)	(5)
		<u>Interest</u> <u>Rate</u>	<u>Beginning of</u> <u>Period</u>	<u>End of</u> <u>Period</u>	<u>Interest Expense</u> <u>Related Persons or</u> <u>Organizations</u>	<u>Other</u>
	Service Vehicles & Accessorial Equipment Name of Payee:					
01	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
02	_____	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____	_____
	Communication Equipment Name of Payee:					
05	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
06	_____	_____	_____	_____	_____	_____
07	_____	_____	_____	_____	_____	_____
	Other Property and Equipment Name of Payee:					
08	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
09	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
	Working Capital Name of Payee:					
11	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
	Other Name of Payee:					
14	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
15	TOTAL		\$ _____	\$ _____	\$ _____	\$ _____

----- (To Page 2, Column 2, Line 16) -----

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

BALANCE SHEET

ASSETS

CURRENT ASSETS

01	Cash	\$ _____	
02	Accounts Receivable	_____	
03	Less: Allowance for Doubtful Accounts	_____	
04	Inventory	_____	
05	Prepaid Expenses	_____	
06	Other Current Assets	_____	
07	TOTAL CURRENT ASSETS		\$ _____

PROPERTY & EQUIPMENT

08	Less: Accumulated Depreciation		\$ _____
----	--------------------------------	--	----------

09	OTHER NONCURRENT ASSETS		\$ _____
----	-------------------------	--	----------

10	TOTAL ASSETS		\$ _____
----	--------------	--	----------

LIABILITIES AND EQUITY

CURRENT LIABILITIES

11	Accounts Payable	\$ _____	
12	Current Portion of Notes Payable	_____	
13	Current Portion of Long Term Debt	_____	
14	Deferred Subscription Income	_____	
15	Accrued Expenses and Other	_____	
16	_____	_____	
17	_____	_____	
18	TOTAL CURRENT LIABILITIES		\$ _____

19	NOTES PAYABLE	_____	
----	---------------	-------	--

20	LONG TERM DEBT OTHER	_____	
----	----------------------	-------	--

21	TOTAL LONG-TERM DEBT		\$ _____
----	----------------------	--	----------

EQUITY AND OTHER CREDITS

Paid-in Capital:

22	Common Stock	\$ _____	
23	Paid-In Capital in Excess of Par Value	_____	
24	Contributed Capital	_____	
25	Retained Earnings	_____	
26	Fund Balances	_____	

27	TOTAL EQUITY		\$ _____
----	--------------	--	----------

28	TOTAL LIABILITIES & EQUITY		\$ _____
----	----------------------------	--	----------

AMBULANCE REVENUE AND COST REPORT**AMBULANCE SERVICE ENTITY:** _____**FOR THE PERIOD FROM:** _____ **TO:** _____**STATEMENT OF CASH FLOWS****OPERATING ACTIVITIES:**

01	Net (loss) Income	\$ _____	
	Adjustments to reconcile net income to net cash provided by operating activities:		
02	Depreciation Expense	_____	
03	Deferred Income Tax	_____	
04	Loss (gain) on Disposal of Property and Equipment	_____	
	(Increase) Decrease in:		
05	Accounts Receivable	_____	
06	Inventories	_____	
07	Prepaid Expenses	_____	
	(Increase) Decrease in:		
08	Accounts Payable	_____	
09	Accrued Expenses	_____	
10	Deferred Subscription Income	_____	
11	Net Cash Provided (Used) by Operating Activities		\$ _____

INVESTING ACTIVITIES:

12	Purchases of Property and Equipment	\$ _____	
13	Proceeds from Disposal of Property and Equipment	_____	
14	Purchases of Investments	_____	
15	Proceeds from Disposal of Investments	_____	
16	Loans Made	_____	
17	Collections on Loans	_____	
18	Other _____	_____	
19	Net Cash Provided (Used) by Investing Activities		\$ _____

FINANCING ACTIVITIES:

	New Borrowings:		
20	Long-Term	\$ _____	
21	Short-Term	_____	
	Debt Reduction:		
22	Long-Term	_____	
23	Short-Term	_____	
24	Capital Contributions	_____	
25	Dividends paid	_____	
26	Net Cash Provided (Used) by Financing Activities		\$ _____
27	Net Increase (Decrease) in Cash		\$ _____
28	Cash at Beginning of Year		\$ _____
29	Cash at End of Year		\$ _____

30 SUPPLEMENTAL DISCLOSURES:

	Non-cash Investing and Financing Transactions:		
31	_____		\$ _____
32	_____		_____
33	Interest Paid (Net of Amounts Capitalized)		_____
34	Income Taxes Paid		_____

Exhibit B. Ambulance Revenue and Cost Report, Fire District and Small Rural Company**Department of Health Services
Annual Ambulance Financial Report****Reporting Ambulance Service**

Report Fiscal Year
From: / / / To: / / /
Mo. Day Year Mo. Day Year

CERTIFICATION

I hereby certify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby certify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____ *Date:* _____

Print Name and Title: _____

Mail to:

Department of Health Services
Bureau of Emergency Medical Services
Certificate of Necessity and Rates Section
1651 East Morten Avenue, Suite 130
Phoenix, AZ 85020
Telephone: (602) 861-0809
Fax: (602) 861-9812

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Revised 8/2/00

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

STATISTICAL SUPPORT DATA

Line	(1)	*(2)	(3)	(4)
No. DESCRIPTION	SUBSCRIPTION SERVICE TRANSPORTS	TRANSPORTS UNDER CONTRACT	TRANSPORTS NOT UNDER CONTRACT	TOTALS
01 Number of ALS Billable Transports:	_____	_____	_____	_____
02 Number of BLS Billable Transports:	_____	_____	_____	_____
03 Number of Loaded Billable Miles:	_____	_____	_____	_____
04 Waiting Time (Hr. & Min.):	_____	_____	_____	_____
05 Canceled (Non-Billable) Runs:	_____	_____	_____	_____

AMBULANCE SERVICE ROUTINE OPERATING REVENUE

06 ALS Base Rate Revenue	\$ _____
07 BLS Base Rate Revenue	_____
08 Mileage Charge Revenue	_____
09 Waiting Charge Revenue	_____
10 Medical Supplies Charge Revenue	_____
11 Nurses Charge Revenue	_____
12 Standby Charge Revenue (Attach Schedule)	_____
13 TOTAL AMBULANCE SERVICE ROUTINE OPERATING REVENUE	\$ _____

SALARY AND WAGE EXPENSE DETAIL**GROSS WAGES:**

		**No. of F.T.E.s
14 Management	\$ _____	\$ _____
15 Paramedics and IEMTs	\$ _____	\$ _____
16 Emergency Medical Technician (EMT).	\$ _____	\$ _____
17 Other Personnel	\$ _____	\$ _____
18 Payroll Taxes and Fringe Benefits - All Personnel.	\$ _____	\$ _____

*This column reports only those runs where a contracted discount rate was applied.

**Full-time equivalents (F.T.E.) Is the sum of all hours for which employees wages were paid during the year divided by 2080.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

SCHEDULE OF REVENUES AND EXPENSES

Line No.	DESCRIPTION	FROM	
Operating Revenues:			
01	Total Ambulance Service Operating Revenue	Page 2, Line 13	\$ _____
Settlement Amounts:			
02	AHCCCS		(_____)
03	Medicare		(_____)
04	Subscription Service		(_____)
05	Contractual		(_____)
06	Other		(_____)
07	Total (Sum of Lines 02 through 06)		(_____)
08	Total Operating Revenue (Line 01 minus Line 07)		\$ _____
Operating Expenses:			
09	Bad Debt		
10	Total Salaries, Wages, and Employee- Related Expenses		\$ _____
11	Professional Services		_____
12	Travel and Entertainment		_____
13	Other General Administrative		_____
14	Depreciation		_____
15	Rent/Leasing		_____
16	Building/Station		_____
17	Vehicle Expense		_____
18	Other Operating Expense		_____
19	Cost of Medical Supplies Charged to Patients		_____
20	Interest		_____
21	Subscription Service Sales Expense		_____
22	Total Operating Expense (Sum of Lines 09 through 21)		_____
23	Total Operating Income or Loss (Line 08 minus Line 22)		\$ _____
24	Subscription Contract Sales		_____
25	Other Operating Revenue		_____
26	Local Supportive Funding		_____
27	Other Non-Operating Income (Attach Schedule)		_____
28	Other Non-Operating Expense (Attach Schedule)		_____
29	NET INCOME/(LOSS) (Line 23 plus Sum of Lines 24 through 28)		\$ _____

AMBULANCE REVENUE AND COST REPORT**AMBULANCE SERVICE ENTITY:** _____**FOR THE PERIOD FROM:** _____ **TO:** _____**BALANCE SHEET****ASSETS****CURRENT ASSETS**

01	Cash	\$	_____	
02	Accounts Receivable		_____	
03	Less: Allowance for Doubtful Accounts		_____	
04	Inventory		_____	
05	Prepaid Expenses		_____	
06	Other Current Assets		_____	
07	TOTAL CURRENT ASSETS	\$	_____	

PROPERTY & EQUIPMENT

08	Less: Accumulated Depreciation	\$	_____	
----	--------------------------------	----	-------	--

09	OTHER NONCURRENT ASSETS	\$	_____	
----	-------------------------	----	-------	--

10	TOTAL ASSETS	\$	_____	
----	--------------	----	-------	--

LIABILITIES AND EQUITY**CURRENT LIABILITIES**

11	Accounts Payable	\$	_____	
12	Current Portion of Notes Payable		_____	
13	Current Portion of Long term Debt		_____	
14	Deferred Subscription Income		_____	
15	Accrued Expenses and Other		_____	
16	_____		_____	
17	_____		_____	
18	TOTAL CURRENT LIABILITIES	\$	_____	

19	NOTES PAYABLE		_____	
----	---------------	--	-------	--

20	LONG TERM DEBT OTHER		_____	
----	----------------------	--	-------	--

21	TOTAL LONG-TERM DEBT	\$	_____	
----	----------------------	----	-------	--

EQUITY AND OTHER CREDITS**Paid-in Capital:**

22	Common Stock	\$	_____	
23	Paid-In Capital in Excess of Par Value		_____	
24	Contributed Capital		_____	
25	Retained Earnings		_____	
26	Fund Balances		_____	
27	TOTAL EQUITY	\$	_____	

28	TOTAL LIABILITIES & EQUITY	\$	_____	
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AMBULANCE REVENUE AND COST REPORT**AMBULANCE SERVICE ENTITY:** _____**FOR THE PERIOD FROM:** _____ **TO:** _____**STATEMENT OF CASH FLOWS****OPERATING ACTIVITIES:**

01	Net (loss) Income	\$ _____
	Adjustments to reconcile net income to net cash provided by operating activities:	
02	Depreciation Expense	_____
03	Deferred Income Tax	_____
04	Loss (gain) on Disposal of Property and Equipment	_____
	(Increase) Decrease in:	
05	Accounts Receivable	_____
06	Inventories	_____
07	Prepaid Expenses	_____
	(Increase) Decrease in:	
08	Accounts Payable	_____
09	Accrued Expenses	_____
10	Deferred Subscription Income	_____
11	Net Cash Provided (Used) by Operating Activities	\$ _____

INVESTING ACTIVITIES:

12	Purchases of Property and Equipment	_____
13	Proceeds from Disposal of Property and Equipment	_____
14	Purchases of Investments	_____
15	Proceeds from Disposal of Investments	_____
16	Loans Made	_____
17	Collections on Loans	_____
18	Other _____	_____
19	Net Cash Provided (Used) by Investing Activities	\$ _____

FINANCING ACTIVITIES:

	New Borrowings:	
20	Long-Term	_____
21	Short-Term	_____
	Debt Reduction:	
22	Long-Term	_____
23	Short-Term	_____
24	Capital Contributions	_____
25	Dividends paid	_____
26	Net Cash Provided (Used) by Financing Activities	\$ _____
27	Net Increase (Decrease) in Cash	\$ _____
28	Cash at Beginning of Year	\$ _____
29	Cash at End of Year	\$ _____

30 SUPPLEMENTAL DISCLOSURES:

	Non-cash Investing and Financing Transactions:	
31	_____	\$ _____
32	_____	_____
33	Interest Paid (Net of Amounts Capitalized)	_____
34	Income Taxes Paid	_____

INSTRUCTIONS**Page 1: COVER**

1. Enter the name of the ambulance service on the line “Reporting Ambulance Service.”
2. Print the name and title of the ambulance service’s authorized representative on the lines indicated; enter the date of signature; authorized representative must sign the report.

Page 2: STATISTICAL SUPPORT DATA and ROUTINE OPERATING REVENUE

Enter the ambulance service’s business name and the appropriate reporting period.

Statistical Support Data:

- Lines 01-02: Enter the number of billable ALS and BLS transports for each of the three categories. Subscription Service Transports should not be included with Transports Under Contract.
- Lines 03-04: Enter the total of patient loaded transport miles and waiting times for each of the transport categories.
- Line 05: List TOTAL of canceled/non-billable runs.

Ambulance Service Routine Operating Revenue:

- Line 06: Enter the total amount of all ALS Base Rate gross billings.
- Line 07: Enter the total amount of all BLS Base Rate gross billings.
- Line 08: Enter the total of Mileage Charge gross billings.
- Line 09: Enter the total Waiting Time gross billings.
- Line 10: Enter the total of all gross billings of Medical Supplies to patients.
- Line 11: RESERVED FOR FUTURE USE - Charges for Nurses currently are not allowed.
- Line 12: Enter the total of all Standby Time charges. (Attach a schedule showing sources.)
- Line 13: Add the totals from Line 06 through Line 12. Enter sum on Line 13.

Salary and Wage Expense Detail:

- Line 14: Enter the total salary amount allocated and paid to Management of the ambulance service.
- Line 15: Enter the total salary amount allocated and paid to Paramedics and IEMTs.
- Line 16: Enter the total salary amount allocated and paid to Emergency Medical Technicians (EMTs).
- Line 17: Enter the total salary amount allocated and paid to Other Personnel involved with the ambulance service. (Examples: Dispatch, Mechanics, Office)
- Line 18: Enter the total allocated amount of Payroll Taxes and Fringe Benefits paid to employees included in lines 14 through 17.

ANNUAL AMBULANCE FINANCIAL REPORT**EXPENSE CATEGORIES FOR USE ON PAGE 3**

- Line 09 Bad Debt
- Line 10 Total Salaries, Wages, and Employee-Related Expenses
 - Salaries, Wages, Payroll Taxes, and Employee Benefits
- Line 11 Professional Services
 - Legal/Management Fees
 - Collection Fees
 - Accounting/Auditing
 - Data Processing Fees
- Line 12 Travel and Entertainment (Administrative)
 - Meals and Entertainment
 - Travel/Transportation
- Line 13 Other General and Administrative
 - Office Related (Supplies, Phone, Postage, Advertising)
 - Professional Liability Insurance
 - Dues, Subscriptions, Miscellaneous
- Line 14 Depreciation
- Line 15 Rent/Leasing
- Line 16 Building/Station
 - Utilities, Property Taxes/Insurance, Cleaning/Maintenance
- Line 17 Vehicle Expenses
 - License/Registration
 - Repairs/Maintenance
 - Insurance
- Line 18 Other Operating Expenses
 - Dispatch Contracts
 - Employee Education/Training, Uniforms, Travel/Meals
 - Maintenance Contracts
 - Minor Equipment, Non-Chargeable Ambulance Supplies
- Line 19 Cost of Medical Supplies Charged to Patients
- Line 20 Interest Expense
 - Interest on: Bank Loans/Lines of Credit
- Line 21 Subscription Service Sales Expenses
 - Sales Commissions, Printing

INSTRUCTIONS (cont'd)**Page 3: SCHEDULE OF REVENUES AND EXPENSES**

Operating Revenues:

- Line 01: Transfer appropriate total from Page 2 as indicated.
 Line 02: Enter settlement amounts from AHCCCS transports. (DO NOT include settlement amounts resulting from a transport made under a SUBSCRIPTION SERVICE CONTRACT)
 Line 03: Enter settlement amounts from Medicare transports. (DO NOT include settlement amounts resulting from a transport made under a SUBSCRIPTION SERVICE CONTRACT)
 Line 04: Enter total of ALL settlement amounts from Subscription Service Contract transports.
 Line 05: Enter total of ALL settlement amounts from Contractual transports only.
 Line 06: Enter total from any other settlement sources.
 Line 07: Enter sum of lines 02 through 06.
 Line 08: Total Operating Revenue (The amount from Line 01 minus Line 07).

Operating Expenses:

- Lines 09-21: Report as either actual or allocated from expenses shared with Fire or other departments.
 Line 22: Enter the total sum of lines 09 through 21.
 Line 23: Enter the difference of line 08 minus line 22.
 Line 24: Enter the gross amount of sales from Subscription Service Contracts.
 Line 25: Enter the amount of Other Operating Revenues.
 Ex: Federal, State or Local Grants, Interest Earned, Patient Finance Charges.
 Line 26: Enter the total of Local Supportive Funding.
 Line 27: List other non-operating revenues (Ex: Donations, sales of assets, fund raisers).
 Line 28: List other non-operating expenses (Ex: Civil fines or penalties, loss on sale of assets).
 Line 29: Net Income (Line 23 plus Lines 24 through 27, minus Line 28).

Page 4: BALANCE SHEET

Current audited financial statements may be submitted in lieu of this page.

Page 5: STATEMENT OF CASH FLOWS

Current audited financial statements may be submitted in lieu of this page.

Questions regarding this reporting form can be submitted to:

Arizona Department of Health Services
 Bureau of Emergency Medical Services
 Certificate of Necessity and Rates Section

1651 E. Morten, Suite 130
 Phoenix, AZ 85020
 PH: (602) 861-0809
 FAX (602) 861-9812

Historical Note

New Table adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).